

Case Number:	CM14-0082192		
Date Assigned:	07/21/2014	Date of Injury:	02/15/2012
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male who reported an injury on 02/15/2012. The mechanism of injury was not provided in the medical records. His diagnoses include status post left index finger flexor tendon laceration status repair. His previous treatments have included 20 sessions of physical therapy and medications. Per the physical therapy note dated 03/20/2014, the injured worker reported the ring splint was working and he had use of his hand. The therapist reported the injured worker had full index finger passive range of motion and good active flexion. However, he had a bowstring at the A2 pulley and was unable to touch palm with index fingertip. He also reported he had improved extension. The distal interphalangeal was -5 and the proximal interphalangeal joint was -10. Per the clinical note dated 03/25/2014, the physician reported the injured worker had undergone surgery on 02/15/2012, 03/22/2012, 08/16/2012, 01/10/2013, 06/20/2013, and 10/31/2013. The physician reported he had continued therapy and had been using a ring splint on the proximal segment of the index finger and it had been helpful. The injured worker reported he had mild pain when trying to grasp things with the index finger but otherwise there was no pain in the left upper extremity. Upon physical examination of the left hand, the physician reported there was full passive digital flexion, intact and approximately 85% active flexion at the index finger distal interphalangeal and proximal interphalangeal joint joints. There was minimal flexion contracture of the index finger at the proximal interphalangeal joint greater than the distal interphalangeal joints. The treatment plan recommendation was for the injured worker to complete the final sessions of physical therapy and to use a ring splint on the index finger proximal segment for strengthening. The current request is for continued hand therapy, left index finger. The rationale for the request was not provided. The request for authorization was provided on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONTINUE HAND THERAPY, LEFT INDEX FINGER (NO FREQUENCY/DURATION): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page(s) 20.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Post-Surgical Treatment Guidelines, Forearm, Wrist, & Hand, Flexor tendon repair or tenolysis Zone 2 and other than Zone 2 [DWC]: page 20. The Expert Reviewer's decision rationale: The current request for continued hand therapy, left index finger, is not medically necessary. The California Post-Surgical Treatment Guidelines state that when postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The guidelines allow for postsurgical treatment for Flexor tendon repair 30 visits over 6 months for up to 8 months. Per the clinical documentation, the injured worker had surgery on 10/31/2013 and had completed at least 20 sessions of physical therapy to date. The physician reported the injured worker had increased his functional activities with the use of a ring splint and recommended for him to complete his final sessions of physical therapy. It was noted that the injured worker had improvement with the prior sessions of physical therapy with flexion and extension with the use of a bowstring. However, there was no rationale provided to indicate why additional sessions of supervised physical therapy would be required over participation in a home exercise program to address his remaining mild functional deficits. The request also failed to provide the number of sessions that were being requested. Therefore, the request for continued hand therapy, left index finger, is not medically necessary.