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| Case Number: | CM14-0084586 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 11/29/2013 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 35-year-old male who reported injury on 11/29/2013. The diagnoses included forearm deformity NOS. The mechanism of injury was the injured worker was using a saw to cut laminate when he cut the palmer surface just below his thumb. The injured worker was noted to be treated with a splint, medications including Norco 10/325 and Keflex 500 mg, and 16 sessions of physical therapy for the fracture of a metacarpal bone in the hand. The surgical history included a repair to the left thumb laceration. The documentation of 05/01/2014 revealed the injured worker was having slow progress in therapy and had a well-healed left thumb laceration status post repair. The treatment plan included a continuation of therapy. There was a detailed Request for Authorization forum submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm wrist & hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical/ Occupational therapy, Preface.

Decision rationale: The Official Disability Guidelines indicate the treatment for a fracture of a metacarpal bone is 9 visits. Additionally, there should be documentation of exceptional factors to warrant non-adherence to guideline recommendations to support further ongoing therapy. The clinical documentation submitted for review failed to indicate the objective functional benefit that was received from the prior therapy. There was a lack of documentation of remaining functional deficits. The request as submitted failed to indicate the body part to be treated with physical therapy. Additionally, the request for 18 additional sessions of physical therapy would be excessive. Given the above, the request for 18 physical therapy sessions is not medically necessary.