

Case Number:	CM14-0086500		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2012
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 California. 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 25-year-old male who reported an injury on 11/07/2012. The mechanism of injury was noted to be a crush injury. He is diagnosed with status post right index metacarpophalangeal joint silicone arthroplasty. His past treatments were noted to include postoperative physical therapy, physical therapy, and surgery. His surgical history included a closed reduction of his right index finger fracture on 11/07/2012, open reduction and internal fixation of his right index finger metacarpal head fracture approximately 1 week later, and a right index metacarpophalangeal joint silicone arthroplasty on 04/25/2013. On 06/17/2014, the patient was seen for a re-evaluation after the completion of 18 sessions of physical therapy. It was noted that he reported gradual improvement in his range of motion. His physical examination revealed an increase in range of motion from 20 degrees extension and 55 degrees flexion to 10 degrees extension and 60 degrees flexion. The treatment plan was noted to include additional therapy due to the unusual situation of a 25-year-old patient undergoing a silicone metacarpophalangeal joint arthroplasty, continued full-duty work, continued home exercise, and use of anti-inflammatories on an as needed basis. The request for authorization for certified hand therapy 2 times a week for 6 weeks was not submitted within the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certified Hand Therapy ; two times per week for six weeks (2x6): 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): 19.

Decision rationale: According to the California MTUS, Postsurgical Treatment Guidelines, physical therapy may be supported after finger arthroplasty at up to 24 visits over 8 weeks. The guidelines further specify that a subsequent course of therapy shall be prescribed after an initial course of therapy with documentation of functional improvement, within the parameters of the general course of therapy. The clinical information submitted for review indicated the patient has completed 18 sessions of physical therapy since his surgery and has shown functional gains with improvement in range of motion. Therefore, additional physical therapy would be supported. However, the request for therapy 2 times a week for 6 weeks in addition to the previously completed 18 sessions exceeds the guideline's recommendation for a total of 24 visits. Therefore, the requested service is not medically necessary.