

Case Number:	CM14-0018611		
Date Assigned:	04/18/2014	Date of Injury:	02/08/2013
Decision Date:	03/03/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 29 year old male sustained an injury on February 8, 2013. The injured worker was cutting meat with a band saw when he lacerated his left ring finger and amputated part of his finger with the saw. Left hand x-rays revealed amputation of the left ring finger at the distal phalanx. The diagnoses and results of the injury include amputation and disarticulation of the left ring finger at the distal phalanx. The injured worker underwent a revision of the amputation with digital neurectomies and local flap closure. Initial treatment included x-rays, activity modification, ice, wound cleansed and dressing applied, splint, and pain, antibiotic, and non-steroidal anti-inflammatory medications. The records refer to a prior course of occupational therapy, but do not provide specific dates of service or results. On June 27, 2014, the treating physician noted the injured worker was off work due to back pain, and he continued to have nightmares and wake in the evenings with recall of the event. He starts sweating when he is in store when the meat cutter is operating. The physical exam revealed a well-healed, viable flap on the left hand, mild tenderness of the ring finger, normal sensation of the remainder of the fingers, , able to move all ring finger joints, all ring finger joints were stable to axial and translational stress, able to make a fist and touch ring finger to palm, minimal flexion of the distal interphalangeal joint, able to actively flex and extend the middle and proximal interphalangeal joints, an grip was 105 pounds on the right and 75 pounds on the left. The tip was hypersensitive with parasthesias to touch. He was able to tolerate tapping against the table. Diagnoses were fingertip amputation of the left ring finger. The physician noted he had attended occupational therapy and he was progressing as expected. The physician recommended a psych referral for traumatic injury, disfiguring in

nature, which was causing sleep difficulty. On January 30, 2014, Utilization Review non-certified a retrospective prescription for 8 visits (2 times a week for 4 weeks) of physical therapy for the left finger (DOS: 11/5/13 to 12/31/2013) and a retrospective prescription for an additional 8 visits (2 x 4) of physical therapy for the left finger (DOS: 1/14/2014) requested on January 24, 2014. The physical therapy (DOS: 11/5/13 to 12/31/2013) was non-certified based on the guidelines recommend 18 visits for postoperative management of the cited injury/condition. The injured worker had a finger amputation on August 15, 2013 and previous physical therapy/occupational therapy. There was a lack of documentation of the number of treatments completed to date (at or just prior to November 5, 2013). The physical therapy (DOS: 1/14/2014) was non-certified based on the guidelines recommend 18 visits for postoperative management of the cited injury/condition. There was a lack of documentation of the number of treatments completed to date (at or just prior to January 14, 2014). The California Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines and the Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Physical Therapy Two Times a Week for Four Weeks for the Left Finger, DOS: 11/5/13-12/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical physical therapy, forearm, wrist and hand Page(s): 17-18.

Decision rationale: The California MTUS section on post forearm, wrist and hand surgery physical therapy states:Used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a shortterm benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better shortterm hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006) Post-amputation: Amputation of fingers without replantation [DWC]: 14 visits over 3 months *Postsurgical physical medicine treatment period: 6 monthsIn this case physical therapy is indicated post amputation. However the amount of sessions recommended is 14 visits over 3 months. The patient has received PT and OT but in the provided documentation it is unclear of how many session the patient had received, therefore it is impossible to tell if the requested services follow the California MTUS recommendations. Therefore the request is not medically necessary.

Retro: Additional Physical Therapy Two Times a Week for Four Weeks for the Left Finger
DOS: 1/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical physical therapy, forearm, wrist and hand Page(s): 17-18.

Decision rationale: The California MTUS section on post forearm, wrist and hand surgery physical therapy states: Used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better shortterm hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006) Post-amputation: Amputation of fingers without replantation [DWC]: 14 visits over 3 months *Postsurgical physical medicine treatment period: 6 months In this case physical therapy is indicated post amputation. However the amount of sessions recommended is 14 visits over 3 months. The patient has received PT and OT but in the provided documentation it is unclear of how many session the patient had received, therefore it is impossible to tell if the requested services follow the California MTUS recommendations. Therefore the request is not medically necessary.