

Case Number:	CM14-0183824		
Date Assigned:	11/10/2014	Date of Injury:	08/02/2014
Decision Date:	03/10/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 patient is a 61 year old male with a reported date on injury on 8/2/14 who had requested occupational therapy (12 sessions) of the left hand and fingers. He had suffered traumatic injury and had operative intervention of completion amputation of the left small finger and laceration repair of the left ring finger. The patient was noted to have undergone treatment with ice, a home exercise program and physical therapy. Operative note from 8/3/14 notes repair of left 4th finger nail bed and left 5th finger completion amputation. Documentation from 8/26/14 notes that the patient has stiffness in the injured fingers with decreased flexion and plan for continued physical therapy and wound care. Documentation from 9/17/14 is poorly legible but recommends continue with treatment while documentation from 9/15/14, which is also poorly legible, notes recommendation for active and passive range of motion. UR noted that the patient had been approved for 18 physical therapy visits and an unknown number of visits had been completed.

The patient had returned to work and there was no evidence that the patient could not complete rehab with an independent home exercise program. There is no clinical examination that warrants additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Occupational therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is a 61 year old who had undergone completion amputation of the left small finger on 8/2/14. The patient had completed an unknown number of post-operative therapy visits, as 18 visits had been previously approved per the UR documentation. A request had been made for an additional 12 visits. Given that the number of actual visits had not been documented and that it is unclear from the documentation the exact current functional status of the patient, additional physical therapy should not be considered medically necessary. From Post-Surgical Treatment Guidelines: Post-amputation: Amputation of fingers without replantation [DWC]: 14 visits over 3 months Postsurgical physical medicine treatment period: 6 months Thus, without further clarification of the exact functional status/improvement of the patient and number of physical therapy visits completed, further physical therapy visits should not be considered medically necessary.