

Case Number:	CM14-0203036		
Date Assigned:	12/15/2014	Date of Injury:	05/16/2014
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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. The expert reviewer is Board Certified in Family Practice 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:

This is a 67-year-old male claimant who sustained a work injury on May 16, 2014 involving the right finger. He was diagnosed with a crush injury and contusion of the right finger for which he had undergone physical therapy. He had initially been on Norco and Tramadol for pain. A progress note on October 9, 2014 indicated the claimant completed 5 sessions of physical therapy. Exam findings were notable for swelling at the proximal joint of the right fifth finger. He was unable to fully extend the 5th finger. There was no instability. Motor and sensation were within normal limits. The physician requested six additional visits of physical therapy totaling request of 18 for the finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand and therapy.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ODG guidelines, crush injuries of the finger is limited to 8 visits of therapy. There was no indication that the claimant cannot perform additional sessions in a home based program. The request above exceeds the amount recommended by the guidelines and is not medically necessary.