

Case Number:	CM14-0206169		
Date Assigned:	12/18/2014	Date of Injury:	02/10/2014
Decision Date:	02/25/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 26 year old male with a reported date of injury on 2/10/14 who requested physical therapy 3x/week x 4 weeks of the right hand. He had suffered crush injury on 2/10/14 to his right hand and underwent multiple surgical procedures, including debridement, extensor tendon grafting/tenolysis, as well as skin grafts and soft tissue reconstruction. His most recent procedure was in April 2014. Documentation from 10/7/14, notes right wrist pain but with improving function of the hand. A request is made for continued physical therapy 3 times per week for 4 weeks. Documentation from 11/4/14 notes continued improvement in the patient's right hand function following physical therapy. He continues to have pain and stiffness, but range of motion and strength is improved. Recommendation is made for continued therapy. Physical therapy progress notes were provided which appear to total approximately 24 visits. The most recent physical therapy evaluation on 11/5/14 noted functional improvement. UR dated 11/11/14 did not certify the physical therapy stating that, although the patient was noted to have improved function, there was no documentation of the total number of completed physical therapy visits to date to verify if the requested 12 additional visits are within the recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy 3xwk x 4wks right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20,22.

Decision rationale: The patient is a 26 year old male who had suffered complex soft tissue injury to the hand requiring multiple complex operations, the last of which was in April 2014. He has been undergoing physical therapy that had begun in May/June of 2014 and appears to have completed 24 total visits. The patient has been well-documented to have improved in his hand function with therapy. Based on the complex hand injury and reconstruction that had been performed, it is reasonable to continue therapy, as long as functional improvement can be documented and within the recommendations provided. Based on the below recommendations, the patient is still within the overall treatment period of 6 months. As the patient had multiple complex procedures due to the severity of the injury, it is reasonable to assume that greater physical therapy may be necessary than that recommended for one procedure. Not meant to be purely additive for each procedure, but additional visits are warranted due to the complexity of the reconstruction and the initial injury. Thus, an additional 12 visits would place the total at 36 visits and should be considered reasonable and medically necessary due to the level of documentation provided. The UR had stated that the number of physical therapy visits that the patient had completed was not documented. However, based on the medical records provided for this review, this has been satisfied. Tendon transfers - thumb or finger [DWC]: Postsurgical treatment: 26 visits over 4 months* Postsurgical physical medicine treatment period: 6 months Extensor tendon repair or tenolysis [DWC]: Postsurgical treatment: 18 visits over 4 months* Postsurgical physical medicine treatment period: 6 months.