

Case Number:	CM15-0100368		
Date Assigned:	06/02/2015	Date of Injury:	01/22/2015
Decision Date:	08/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male who sustained an industrial injury on January 22, 2015. He has reported injury to the right fourth and fifth digit and has been diagnosed with status post crush injury of the right hand with flexion contracture deformity of the right pinky. Treatment has included physical therapy, medical imaging, medications, and modified work duty. On physical examination the hand had normal coloration and appeared to be neurovascularly intact. Right ring finger actively is moved up the MCP, PIP, and DIP joints with a slight restriction. The right pinky finger was held in a flexion position and was unable to extend at the PIP. The treatment request included physical therapy to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of Physical Therapy right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Physical/Occupational therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained an injury to his dominant right hand in January 2015 with a crush injury affecting the fourth and fifth fingers. He was evaluated for physical therapy on 02/13/15 and completed all six planned treatment sessions. He was evaluated again for physical therapy on 03/10/15 and an additional 12 treatments were planned. When seen, there had been some improvement with the therapy provided. He was having ongoing problems with the fifth finger. A Dynasplint was provided and six additional therapy sessions requested. Guidelines recommend up to 9 therapy treatment sessions over 8 weeks after a crush injury to the finger. In this case, the number of additional treatments being requested is in excess of the guideline recommendation or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.