

Case Number:	CM15-0109104		
Date Assigned:	06/15/2015	Date of Injury:	10/11/2014
Decision Date:	07/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

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:

This 31 year old female sustained an industrial injury to the right index finger on 10/11/14. Diagnoses include right index finger laceration. Treatments to date include diagnostic testing, wound care/ closure, physical therapy, work restrictions and prescription pain medications. The injured worker continues to experience right hand pain with stiffness and the inability to bend the index finger. Upon examination, a well healed laceration to the volar aspect of the index finger was noted. There was tenderness to palpation over the middle and distal phalanx of the index finger. There is continued stiffness and reduced range of motion to the PIP and DIP noted. A request for Continued Physical Therapy 2x per week for 4 weeks (8 visits) for the Right Index Finger was made by the treating physician. A progress report dated March 6, 2015 indicates that the patient has undergone 7 physical therapy visits. Additionally, the note states that there was no flexor tendon injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2x per week for 4 weeks (8 visits) for the Right Index Finger:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guideline support the use of 9 visits of therapy for the treatment of open wounds of the fingers or hand. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the previously provided therapy, the current request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.