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| Case Number: | CM15-0163875 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 10/26/2014 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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 31 year old male, who sustained an industrial injury on 10-26-2014. Medical records indicate the worker is undergoing treatment for right index finger ulnar digital nerve laceration with scar tissue. A recent progress report dated 6-15-2015, reported the injured worker reported pain in the right index finger rated 3-8 out of 10. Physical examination revealed decreased sensation to the medial aspect of the index finger with flexion limited to 75 degrees and extension limited to 150 degrees, which is documented as improved from last visit. Treatment to date has included 12 physical therapy visits and medication management. The physician is requesting Physical therapy 2 x a week for 6 weeks for the right index finger, scar remodeling. The Utilization Review noncertified Physical therapy 2 x a week for 6 weeks for the right index finger, scar remodeling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week for 6 weeks for the right index finger, scar remodeling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical / Occupational therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The claimant sustained a work injury with laceration to the right index finger on 10/26/14 when he cut his finger on a parking sign. He was treated with antibiotics and the laceration was repaired on 11/25/14. When seen, treatments had included physical therapy with stretching, strengthening, and mobilization. He had scarring over the proximal inter-phalangeal joint and decreased sensation. He had decreased active finger extension range of motion with full range of motion passively. Authorization for additional physical therapy is being requested. After the surgical repair performed, guidelines recommend up to 8 visits over 4 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had physical therapy and he has full passive range of motion. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of Theraputty and self-applied modalities and scar massage. The number of additional visits requested is in excess of that recommended or what might be needed to finalize 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.