

Case Number:	CM15-0164310		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2015
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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 64 year old male, who sustained an industrial injury on July 7, 2015. He reported an injury to his right ring finger. The injured worker was diagnosed as having right ring finger crush injury and right ring finger open fracture. On July 8, 2015 the injured worker underwent an open reduction and internal fixation of the distal phalynx fracture, repair of nail bed laceration, debridement of fracture, advancement flap wound closure and application of finger splint. Post-operative evaluations reveal the skin flaps well and his sutures were removed. Treatment to date has included open reduction and internal fixation of the right ring finger, and work restrictions. A request for post-operative physical therapy three times per week for four weeks for the right hand-finger was received on August 6, 2015. The Utilization Review physician modified the request for post-operative physical therapy two times per week for four weeks for the right hand-finger to post-operative physical therapy two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks for the right hand/finger:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury to the right hand when it was caught between the lift gate and rear of his truck on 07/07/15. He underwent ORIF of a displaced right fourth finger distal phalanx fracture and nail bed repair the day after injury. When seen, post-operative therapy was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits was in excess of accepted guidelines and is not medically necessary.