

Case Number:	CM15-0195994		
Date Assigned:	10/09/2015	Date of Injury:	07/16/2015
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female who sustained a work related injury July 16, 2015, described as a crush injury right hand with finger amputation, closed fracture of multiple sites of phalanges of hand. A hand therapy progress note dated August 24, 2015, #9 of 12, the injured worker needs minimal assistance with styling hair, is independent with toileting, minimal assistance with eating, moderate assistance with home care, having difficulty with gripping, lifting, and pulling and is using Silipos gel caps to shape middle and ring finger pads. She is making gains in range of motion of the fingers but is at least 40% impaired and or restricted. According to a primary treating physician's progress report dated September 10, 2015, the injured workers hand is doing better, still having pain but less. She complains of being afraid to return to work, she is struggling with recurrent nightmares and panic symptoms. She complains of severe pain over the right 2nd and 3rd digit. Objective findings included; right shoulder-forward flexion to 140 degrees, abduction 140 degrees, external rotation 30 degrees and internal rotation 25 degrees; positive Hawkin's and Neer's test, weakness and pain with testing of the supraspinatus, negative Speeds test and no instability with the apprehension test; right hand-wounds well healed, excessive tenderness with light touch of the fingers; able to bend fingers slightly. Diagnoses are crushing injury finger; amputation finger; closed fracture of multiple sites phalanges of hand; tendonitis of the right shoulder; post-traumatic stress disorder. At issue, is the request for authorization for additional hand therapy 3 x 4. According to utilization review dated September 23, 2015, the request for additional outpatient hand therapy (3) times weekly for (4) weeks to the right ring finger and right long finger is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient hand therapy, three times a week for four weeks, to the right ring finger and right long finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional outpatient hand therapy three times per week times four weeks to the right ring finger and right long finger is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are crushing injury finger; and fracture multiple phalanges hand, closed. Date of injury is July 16, 2015. Request for authorization is September 17, 2015. According to a September 16, 2015 progress note, the documentation is illegible. According to a September 10, 2015 typewritten progress note, subjective complaints include a crush injury to the fingers with multiple closed fractures. There was a traumatic amputation. The injured worker complains of pain in the right second and third fingers. Objectively, there was no excess tenderness present. The injured worker was certified for 12 physical therapy sessions. A progress note dated August 24, 2015 indicates the injured worker was receiving #9 physical therapy session out of 12. The injured worker attained significant gains. The guidelines recommend 14 visits over three months. The treating provider is requesting an additional 12 physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines 14 visits) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, completion of 9 out of 12 authorized physical therapy sessions, an excessive request for an additional 12 (with guideline recommendations 14 visits over three months) and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, additional outpatient hand therapy, three times a week for four weeks, to the right ring finger and right long finger is not medically necessary.