

Case Number:	CM15-0037177		
Date Assigned:	03/05/2015	Date of Injury:	03/29/2014
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46 year old who sustained an industrial injury on 03/29/2014. Diagnoses include fractured left thumb, status post open reduction and internal fixation of a severely comminuted, displaced, impacted and angulated intra-articular fracture of the proximal half of the proximal phalanx at the MP joint; and left olecranon bone grafting to the severe fracture of the proximal phalanx left thumb, and on 04/10/2014, surgical removal of the deep buried pins from the left thumb on 5/09/2014. Treatment to date has included at least 12 hand/physical therapy sessions, and medications. A Medical Examiner note dated 09/03/2014 documents a physician note dated 8/6/2014 that the injured worker has impaired flexion of the left thumb, index and ling fingers. Full motion was described in the left forearm and wrist. Right grip strength measured 113 pounds and the left grip strength measured 39 pounds. Sensation was intact to pinprick. Treatment requested is for Home Exercise kit and physical therapy for shoulder/elbow / (3x4) 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for shoulder/elbow/ (3x4)12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG elbow guidelines and therapy pg 18 Hand chapter- pg 28.

Decision rationale: According to the guidelines, 16 sessions of therapy over 8 -10 weeks is recommended after surgery for an elbow or finger fracture. In this case, the claimant had already received 12 sessions of therapy. It has been over 10 weeks since the injury and surgery. An additional 12 sessions would exceed the guideline recommendations and is not medically necessary.

Home exercise Kit: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter and exercise pg 14.

Decision rationale: According to the guidelines, exercises are recommended. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. In this case, there is no indication that exercises cannot be performed at home without the use of a kit. The tools in the kit are not specified. The use of a home exercise kit is not medically necessary.