

Case Number:	CM15-0040040		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	03/03/2015

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: Preventive Medicine, Occupational 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 28 year old male with an industrial injury dated 09/08/2014. The injured worker diagnoses include right hand crush injury and fracture finger, index proximal phalanx open comminuted base proximal phalanx (PP) /displaced. According to the operative note dated 9/18/2014, the injured worker underwent open reduction internal fixation (ORIF) of right index proximal phalanx fracture with plate and screws and right index finger exploration of laceration with repair of flexor tendon superficials. The injured worker has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 01/06/2015, the injured worker reported right hand pain with numbness. Objective findings revealed limited range of motion of right hand index finger. The treating physician prescribed physical therapy 12 sessions (3x4) right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (3x4) right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: MTUS Surgical Guidelines consider up to 30 sessions of postoperative physical therapy reasonable for flexor tendon repairs involving Zone 2 of the hand. This individual meets these Guideline criteria. The request for an additional 12 sessions of physical therapy is still within Guideline recommendations. The request for 12 sessions (3X4) of right hand therapy is supported by Guidelines and is medically necessary.