

Case Number:	CM15-0048714		
Date Assigned:	03/20/2015	Date of Injury:	07/31/2014
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 45 year old male, who sustained an industrial injury on July 31, 2014. He reported injury of the left hand. The injured worker was diagnosed as having left hand crush injury. Treatment to date has included medications, restricted activities with limited lifting, and physical therapy. On February 5, 2015, a PR-2 indicates he was seen for the left hand crush injury. The record indicates there have been no changes since the previous visit, and that physical therapy is reported to be helpful. The treatment plan includes: physical therapy and follow-up in 4 weeks. The request is for physical therapy three times weekly for 3 weeks for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times weekly for 3 weeks (9 sessions), left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration, Physical Medicine Page(s): 7, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The patient appears to be diagnosed with a left ring finger distal phalanx fracture according to the initial x-ray. The patient has already received physical therapy without any significant improvement. There are no notes that describe the approach to caring for the distal phalanx or why the finger continues to hurt. Physical therapy has already been provided and it is not clinically obvious why a distal phalanx fracture requires multiple sessions of physical therapy. Furthermore, there is no documented improvement with prior sessions. This request for an additional 9 sessions of physical therapy is not medically necessary.