

Case Number:	CM15-0085534		
Date Assigned:	05/08/2015	Date of Injury:	10/10/2014
Decision Date:	06/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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, Massachusetts
 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 31 year old male who sustained an industrial injury on 10/10/2014. Mechanism of injury was from a fall. Diagnoses include comminuted fracture of the proximal phalanx of the right third finger with angulation, status post closed reduction and internal fixation of the right third proximal phalanx fracture on 10/14/2014. Treatment to date has included diagnostic studies, medications, surgery, splinting, physical therapy and home exercise program. His current medications include Clindamycin Hcl and Hydrocodone-Acetaminophen. A physician progress note dated 04/13/2015 documents the injured worker has stable sense light touch in the radial and digital ulnar nerve distributions. His right third finger has acceptable coronal alignment. He continues to have stiffness of his PIP joint as well as his DIP joint. Most of the stiffness is localized to his PIP joint. He has passive range of motion from 10 degrees to about 70 degrees. His active range of motion is from 10 to about 55-60 degrees. He has DIP range of motion of 5 to about 35 degrees. His PIP is slightly more flexible with his MP flexed suggesting some component of intrinsic tightness. He also has more passive range of motion and active range of motion suggesting some component of tendinous adhesions. Treatment requested is for physical therapy 1-3 times a week for 4-8 weeks (24 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-3 times a week for 4-8 weeks (24 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand - Official Disability Guidelines, Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand/ Physical and OT guidelines.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. According to ODG guidelines, an initial trial of 8 visits over 5 weeks is appropriate for minor fractures. Since the IW did have a significant fracture than it is reasonable to initial with 12 sessions of physical therapy, however the requested treatment duration of 24 visits is well above the initial recommended course therefore an initial treatment duration of 10-12 sessions should be attempted first to assess compliance and efficacy prior to approving further sessions. Consequently based on the guidelines and my review of the provided records I believe the number and duration of requested sessions of physical therapy are not medically necessary or appropriate at this time.