

Case Number:	CM14-0117658		
Date Assigned:	08/06/2014	Date of Injury:	11/27/2013
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year-old male who injured his right hand on 11/27/2013. He was diagnosed with near-amputations of fingers 3-5. The treatment has included finger amputations and subsequent revision surgeries. The most recent surgery in the medical records was on 3/20/14, a flap transfer and scar revisions. A 4/21/14 physical therapy prescription was for 18 visits, signed on 6/23/14. Physical therapy reports from 1/13/14 to 6/12/14 refer to ongoing stiffness and limited function. 30 total visits were documented, with 16 completed since the 3/20/14 surgery. The physical therapy reports do not contain enough information regarding function to determine if functional improvement was occurring throughout the course of treatment. A treating surgeon report on 6/23/14 lists the injuries and procedures. There was no current history of symptoms and function, no discussion of the results of physical therapy, and no examination of the hand. The treatment plan included "occupational therapy, strengthening" and possible surgery. There was no work status or description of function. On 7/15/14 Utilization Review certified 12 of 18 prescribed physical therapy visits for the right hand, noting the lack of documentation of the number of visits completed and the MTUS recommendations for post-surgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3/week x 6weeks right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended total course of therapy for this condition (amputation of finger(s)) is 14 visits. Given the subsequent procedures, it is possible that additional therapy may have been indicated. However, there are no physician reports which address the quantity of physical therapy completed to date, or the reasons why further physical therapy is indicated. No physician reports since the completion of the 30 visits describe functional improvement and reasons why further physical therapy is necessary. Medical necessity for an additional 18 visits is not supported by the available records, as no functional improvement is recorded. Given that the injured worker has attended far more visits than recommended in the MTUS, and that no functional improvement has been described, the additional 18 visits are not medically necessary.