

Case Number:	CM14-0139915		
Date Assigned:	09/08/2014	Date of Injury:	03/14/2014
Decision Date:	09/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice, 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:

25 yr. old male claimant sustained a work injury on 3/14/14 involving the left hand. He had a crush injury of the left index and middle fingers. He underwent repair of the left middle finger flexor tendon and repair of the left index finger amputation on 3/18/14. Post-operatively he was in a cast. A progress note on 7/14/14 indicated the claimant had continued pain in the left arm and hand for which he was on anti-inflammatories. Exam findings were notable for medial and lateral epicondylitis. Shoulder exams were normal. There was tenderness in the left carpus and scar tissue over the left 2nd digit. The treating physician Requested 12 Sessions of Physiotherapy for the Left Wrist and Hand and Left Shoulder to improve pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-Therapy 3xwk X 4wks Left: Arm, Shoulder, Elbow, Wrist, Hand: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS Guidelines, therapy is recommended in a fading frequency and is typically for 10 sessions over 8 weeks. According to the Official Disability

Guidelines (ODG), 9 visits over 8 weeks are recommended for a finger crush injury. The shoulder exam did not indicate need for therapy. Based on the guidelines, the 12 Sessions of Physiotherapy are beyond the recommended amount and are not medically necessary.