Case Number:	CM14-0044084		
Date Assigned:	06/20/2014	Date of Injury:	12/16/2013
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 43-year-old with an injury date on 12/16/13. Based on the 1/31/14 progress report provided by the provider, the diagnoses are: status post severe injury right hand with significant soft tissue injury, volar aspect of palm, status post open reduction internal fixation of the right index proximal phalanx and right fifth metacarpal fracture, Fracture, index metacarpal, and retained pins, right hand. The Exam on 1/31/14 showed "7x8cm area of skin loss over volar aspect of palm from hypothenar eminance to base of all fingers. Staples noted around edge of skin donation, area of granulation consisting of 10% of volar wound and rest is scab formation. Wrist has no tenderness but marked limitation of motion: dorsiflexion 0/80 palmar flexion 5/80, pronation 0/90, supination 90/90. Ulnar and radial deviation limited to 5 degrees. Fingers held in flexed position with minimal motion present. Right thumb metacarpophalangeal joint is at 10 degrees of flexion, and proximal interphalangeal joint is at 10 degrees of flexion and adducted. Index finger has scar over dorsal aspect, metacarpophalangeal joint is fixed at 30 degrees. PIP at 0 degrees and distal interphalangeal joint at 0 degrees. Rotational deformity of index finger noted. Medial finger has scar over the radial side measuring 3cm, metacarpophalangeal joint is fixed at 0 degrees, proximal interphalangeal joint at 35 degrees and distal interphalangeal joint at 20 degrees. Ring finger reveals metacarpophalangeal joint fixed at 0 degrees, proximal interphalangeal joint at 60 degrees, and distal interphalangeal joint at 10 degrees. Fifth digit metacarpophalangeal joint fixed at 0 degrees, proximal interphalangeal joint at 80 degrees, and distal interphalangeal joint at 10 degrees. Pins felt under skin. Decreased sensation over index/middle fingers." X-rays in 2/24/14 report show fifth metacarpal fracture distally with two nails, pins protruding distally. Fracture of fourth digital metacarpal, healed, and also at index finger proximal phalanx a healed fracture with two pins. Wrist x-rays were normal. The

provider is requesting thirty-six physical therapy sessions. The utilization review determination being challenged is dated 3/7/14 and modifies request to ten sessions since MTUS allows up to twenty sessions for six months pending functional gains. The provider is the requesting provider, and he provided treatment reports from 12/6/13to 3/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY-SIX (36) PHYSICAL THEARPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with right hand pain with numbness over second/third finger, and limitation of motion in wrist/fingers. The patient is status post right index finger open reduction internal fixation of proximal phalanx fracture; right middle finger open reduction internal fixation of metacarpal dislocation; right ring finger debridement of metacarpal fracture; right small finger open reduction internal fixation of metacarpal fracture from 12/16/13. The treating physician has asked 36 physical therapy sessions on 2/14/14. The patient also had removal of hardware and application of synthetic skin over the palm graft site on 1/13/14. The treating physician states: "patient has arthrofibrosis of fingers/wrists on right side which render hand useless, essentially amputation at wrist level. I would start patient on an extensive exercise program with fingers to see if any gain in motion can be obtained. The patient will need at least one year of treatment for right hand three to four times a week." Reviews of the reports do not show that the patient has had post-operative therapy. The MTUS postsurgical guidelines recommend for metacarpal fracture, sixteen visits over ten weeks for four months. For a fracture of one or more phalanges of hand, the MTUS recommends 16 visits over 10 weeks for four months. In this case, while the patient has had a severe injury with a complex hand surgery, the MTUS only allow 16 sessions and additional sessions if promising progress is documented. The current request for 36 sessions far exceeds what is allowed per MTUS. Thus, the recommendation is for denial.