

Case Number:	CM15-0005427		
Date Assigned:	01/16/2015	Date of Injury:	10/01/2014
Decision Date:	03/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/10/2015

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: Orthopedic Surgery, Sports 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 42-year-old male who reported an injury on 10/01/2014. The mechanism of injury was a metal rim fell onto his hand causing an amputation. His diagnoses included pain in the joint involving the hand, traumatic amputation of other fingers without mention of complication. His past treatments included medications and surgery. The physical therapy note, dated 12/18/2014, revealed the injured worker stated "I think it is the best thing because every time I push into the tip of my fingers it feels like the nail is pushing into the nerves of my fingers" in response to the consideration of removing the nails of his fingers. The physical therapy note indicated the injured worker had decreased pain, increased flexibility, increased endurance, and increased range of motion post-treatment. The treatment plan included postoperative physical therapy 2 times a week times 6 weeks for the left long and ring finger. A rationale was not provided. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2xWk x 6Wks; left long and ring finger: Upheld

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

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

Decision rationale: The request for Post-op physical therapy 2xWk x 6Wks; left long and ring finger is not medically necessary. According to the California Post-Surgical Guidelines, patients undergoing a surgical procedure, such as amputation of the fingers or thumb, may be allotted 14 visits over 3 months. However, an initial course of therapy should first be considered with documented objective functional improvement prior to prescribed additional sessions. The injured worker was indicated to have completed 6 postoperative physical therapy sessions. However, there was lack of documentation in regards to objective functional improvement and objective decrease in pain using a numerical pain scale. Furthermore, the request as submitted would exceed the number of sessions recommended by the guidelines. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.