

Case Number:	CM15-0127542		
Date Assigned:	07/14/2015	Date of Injury:	09/02/2014
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 19 year old male, who sustained an industrial injury on 9/02/2014. He reported an electrical burn to the left thumb requiring surgical repair. Diagnoses include open wound with complication, status post surgical repair. Treatments to date include activity modification, orthotic splint, and physical therapy. He currently reported stiffness. He underwent right radial forearm free flap to the left thumb on 11/11/14 and underwent debridement of necrotic phalanges and IP joint fusion of the thumb on 2/6/15. On 5/13/15, the physical examination documented a viable flap with no redness or drainage. The plan of care included physical therapy four times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1xwk x 6 wks Bilateral hands/wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in September 2014 and underwent left thumb arthrodesis on 02/06/15 for osteomyelitis and after flap failure. When seen, he was unhappy with the appearance of his thumb. The new flap was bulky but viable. His surgical incisions had healed. There appear to have been 4 post-operative occupational therapy treatments provided. Guidelines recommend up to 24 therapy treatments over 8 weeks following the most recent surgery performed. In this case, the number of additional treatments being requested is well within that recommendation and should be considered as being medically necessary.