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| Case Number: | CM15-0161257 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 03/05/2014 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 3-5-14. Medical record indicated the injured worker is undergoing treatment for proximal fracture of right index finger. Treatment to date has included open reduction internal fixation of right index finger 20 physical therapy sessions (on 6-19-15 the injured worker noted no changes in gains with physical therapy), oral medications including Norco and activity restrictions. X-ray of right hand performed on 6-17-15 revealed healed fracture of fifth digit with internal fixation. Currently on 6-17-15, the injured worker complains of right finger pain rated 6 out of 10 which is improving with Norco. He is currently not working. Physical exam on 6-17-15 revealed restricted range of motion of right fifth finger. The treatment plan included request for physical therapy 2 times a week for 6 weeks and Norco. Utilization review on 7-20-15 non-certified 12 additional physical therapy visits noting guidelines recommend 16 visits over 10 weeks and the injured worker had received at least 19 sessions previously and it was reported that there were little to no changes with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Based on the 6/17/15 progress report provided by the treating physician, this patient presents with pain rated 6/10; however, none of the included reports dated 1/21/15 to 6/17/15 specify the location of the subjective pain. The treater has asked for 12 physical therapy visits on 6/17/15. The request for authorization was not included in provided reports. The patient is s/p 12 sessions of physical therapy per utilization review request, certification extension request dated 3/19/15. The patient's pain is improved with Norco per 6/17/15 report. The patient's work status is "remain off work 6 months" as of 6/17/15 report. MTUS, Postsurgical Treatment Guidelines, Forearm, Wrist, & Hand (MTUS post-surgical pg 18-20) states: DIP joint intraarticular fracture at middle or distal phalanx [DWC]: Postsurgical treatment: 14 visits over 4 months; Postsurgical physical medicine treatment period: 6 months. In this case, the included reports dated 1/21/15 to 6/17/15 are handwritten and illegible. As of 3/19/15, the patient was s/p 12 sessions of physical therapy with unspecified benefit. Per utilization review letter dated 7/20/15, the patient is s/p fracture of phalanx of right hand and s/p ORIF from 11/4/14. Per same utilization review letter, which quotes a 6/5/15 progress report, the patient is s/p 19 sessions of postoperative physical therapy, is pain free with most activities of daily living but functional limitations with gripping, lifting, and writing. However, for a fracture of the phalanx, MTUS only allows for 14 sessions over a postsurgical period of 6 months. The patient is beyond the 6-month postsurgical time frame, and after 19 physical therapy sessions, is pain free with most activities of daily living but has some remaining functional limitations. The treater has not documented the progress and benefit of prior physical therapy, and the current request for 12 additional physical therapy sessions exceeds MTUS postsurgical guidelines. Hence, the request is not medically necessary.