

Case Number:	CM15-0179096		
Date Assigned:	09/21/2015	Date of Injury:	03/25/2015
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male who sustained an industrial injury on 03-25-2015. Records show that the injured worker was being treated for a crush injury of the right long finger with laceration of radial digital nerve and intact ulnar digital nerve with significant gap and skin crushing with some skin loss. On 04-07-2015, the injured worker underwent irrigation and debridement, slight advancement flap, repair of radial digital nerve, exploration of ulnar digital nerve, repair with AxoGen 1-2 millimeters by 15 millimeters graft and strut graft. According to a progress report dated 08-10-2015, the injured worker reported constant "severe" dull, achy, sharp, stabbing, throbbing, burning right hand pain, stiffness, heaviness, numbness, tingling, weakness and cramping radiating up to the arm sometimes to head with numbness, tingling, weakness and cramping. Objective findings included dermatome sensation decreased over the right radial side. Motor strength was 5 plus out of 5 bilaterally in the upper extremities. Tenderness was noted over the index finger tip and right middle finger. Diagnoses included status post right hand surgery and rule out neuritis right hand. The treatment plan included physical therapy 3 times a week for 6 weeks, kinetic activities and follow up with hand specialist. The injured worker was to remain off work until 09-24-2015. On 08-18-2015, Utilization Review non-certified the request for physical therapy for the right hand 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Physical therapy for the right hand, 18 sessions is not medically necessary per the MTUS Guidelines. The MTUS states that for digital repair the recommended number of PT is 8 visits over 6 months. Per documentation the patient was authorized 12 visits already. The documentation does not include the physical therapy notes and there are no extenuating factors which would necessitate 18 more PT sessions which would exceed the recommendations. The patient should be versed in a home exercise program. This request is not medically necessary.