

Case Number:	CM15-0062404		
Date Assigned:	04/08/2015	Date of Injury:	12/03/2014
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on December 3, 2014. He has reported injury to the right index finger and has been diagnosed with open wound of finger with tendon right index and injury to digital nerve right index finger. Treatment has included hand therapy, medications, a home exercise program, and splinting. Currently the injured worker had reported ongoing right index finger stiffness and was unable to flex their finger. The treatment request included 12 additional therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Therapy Sessions, 12 sessions: Upheld

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

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following tendon repair of the hand/finger, up to 30 supervised sessions of physical therapy may be warranted to assist in regaining range of motion and strength of the affected area. The worker in this case had

completed the full 30 supervised physical therapy sessions following her surgical repair before this request for an additional 12 physical therapy sessions was made. However, the documentation showed that there was no clear and continuing functional gains related to the physical therapy sessions completed. Also, there was no evidence that the worker was unable to continue her home exercises, which she was reportedly doing. Therefore, there seems to be insufficient evidence to support this request, and the additional 12 physical therapy sessions will not be considered medically necessary.