

Case Number:	CM15-0064294		
Date Assigned:	04/10/2015	Date of Injury:	01/25/2014
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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 46 year old male, who sustained an industrial injury on January 25, 2014. He has reported right finger pain. Diagnoses have included right index finger complex laceration. Treatment to date has included right index finger surgery and therapy. A progress note dated March 12, 2015 indicates a chief complaint of continued stiffness and pain of the index finger. The treating physician documented a plan of care that included additional therapy as the injured worker received benefit from this treatment in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight hand therapy evaluate and treat 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and underwent right index finger tenolysis in October 2014 followed by post-operative hand therapy. When seen, he was having stiffness and pain. Post surgical treatment after the claimant's surgery would include up to 30 physical therapy visits over 6 months with a postsurgical physical medicine treatment period of 8 months. The claimant has already had 24 treatment sessions and an additional 12 visits is being requested, in excess of the guideline recommendation. Additionally, patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.