

Case Number:	CM15-0069998		
Date Assigned:	04/17/2015	Date of Injury:	10/23/2014
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 10/23/2014. He reported that the injured worker was repairing a machine that was not working and was in the off position but had turned on automatically subsequently causing the injured worker's hand to be pulled into a belt causing him to sustain injuries of fractures of the third and fourth digits of the right hand. The injured worker was diagnosed as having acquired finger deformity not otherwise specified, aftercare healing of traumatic fracture, contracture of joint, and encounter for long term use of other medications. Treatment to date has included medication regimen, therapy, status post open reduction and internal fixation of the right ring finger articular fracture, status post repair of the nail bed of the right ring finger, status post open reduction and internal fixation of the right long finger articular fracture, distal phalanx, and status post repair of the nail bed. In a progress note dated 03/18/2015 the treating physician reports complaints of constant, aching, stabbing, and burning pain to the right hand noting a pain rating of a seven on a scale of zero to ten at its best, a nine at its worst, and a current rating of a six. The treating physician requested hand therapy two times a week for four weeks for a total of eight visits with the treating physician noting that the previous therapy was noted to be helpful and also cited the Medical Treatment Utilization Schedule Guidelines for the rational for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hand therapy times 8 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are acquired finger deformity not otherwise specified; aftercare for healing traumatic fracture; contractor of joint; and encounter for long-term use of medication. The injured worker underwent open reduction internal fixation to fractured fingers. He has returned to work modified duty. The utilization review shows the injured worker was authorized for 30 physical therapy sessions. The documentation in the medical record available for review shows 23 sessions of physical therapy were completed ranging from November 20, 2014 through March 3, 2015. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy as clinically indicated. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is warranted, hand therapy times 8 is not medically necessary.