

Case Number:	CM14-0070592		
Date Assigned:	07/14/2014	Date of Injury:	11/02/2013
Decision Date:	10/13/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 37 year old male, who sustained an industrial injury on 11-2-13. The injured worker was diagnosed as having distal thumb partial amputation. The physical exam (1-29-14 through 3-6-14) revealed well healing right thumb, full range of motion and no edema. Treatment to date has included a right thumb debridement and full-thickness skin graft surgery on 11-2-13, Motrin and Ultram. As of the Request for Authorization dated 4-11-14, the treating physician requested physical therapy 2 x weekly for 4 weeks on the right thumb. There was no physical examination documented in the progress note related to the right thumb. On 4-14-14 the treating physician requested a Utilization Review for physical therapy 2 x weekly for 4 weeks on the right thumb. The Utilization Review dated 5-5-14, non-certified the request for physical therapy 2 x weekly for 4 weeks on the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks on the Right Thumb: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand - Physical/Occupational Therapy.

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

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for injury to the right thumb with a distal tip amputation and phalanx fracture while working as a mechanic. He underwent debridement and skin grafting. On 12/02/13 he had full range of motion without pain. The requesting provider saw him as a new patient on 04/11/14. He was having pain interfering with activities. There was no recorded physical examination. Physical therapy was requested. He had not returned to unrestricted work. After surgical treatment for a complicated fracture a phalanx of the finger, guidelines recommend up to Complicated, 16 visits over 10 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is within MTUS guidelines and is considered medically necessary.