

Case Number:	CM17-0016761		
Date Assigned:	01/31/2017	Date of Injury:	10/22/2016
Decision Date:	02/23/2017	UR Denial Date:	01/19/2017
Priority:	Standard	Application Received:	01/25/2017

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: Iowa, Montana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old male, who sustained an industrial injury on 10-22-16. The injured worker was diagnosed as having open proximal phalanx fracture of the left small finger and repair on 10-22-16. The PR2 dated 11-23-16 indicated some stiffness in the left hand fingers. Objective findings revealed small finger passive MCP flexion was 60-70 degrees, PIP joint flexion was 20-30 degrees and DIP joint flexion was 15-20 degrees. As of the PR2 dated 1-9-17, the injured worker reports continued improvement in his left hand, but is still having some stiffness in the fingers. Objective findings include the small finger passive MCP flexion is 90 degrees, PIP joint flexion is 60 degrees and DIP joint flexion is 45 degrees. Treatment to date has included physical therapy for the left hand (number of sessions not found) and Tylenol. The Utilization Review dated 1-19-17, non-certified the request for a gym membership and modified the request for physical therapy x 12 sessions for the left hand and finger to physical therapy x 10 sessions for the left hand and finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the left hand/finger was the original request. Ten physical therapy visits for the left hand/finger was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Two physical therapy visits for the left hand/finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG further quantifies physical therapy for the hand with: Fracture of one or more phalanges of hand (fingers): Minor, 8 visits over 5 weeks Post-surgical treatment: Complicated, 16 visits over 10 weeks." The medical documentation provided for review indicate this patient has attended at least 6 previous sessions of physical therapy. The treating physician documents some minimal decreases in ROM. Guidelines allow for 16 visits of PT for the patient's diagnosis. Twelve physical therapy visits for the left hand / finger was the original request. Ten physical therapy visits for the left hand / finger was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, two physical therapy visits for the left hand / finger is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Gym Membership.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." The treating physician does not detail the need equipment. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym membership is not medically necessary.