

<b>Case Number:</b>	CM13-0017512		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 56-year-old gentleman who was injured 12/06/12. Clinical records for review in regards to the claimant's upper extremity showed a crush injury was noted to the right hand sustaining injury to the second through fifth digit. Records for review indicate a 07/23/13 assessment stating status post crushing twisting injury to the right hand with posttraumatic stiffness and a diagnosis of bilateral radial tunnel syndrome and trapezial strain. Physical examination findings at that date, they were performed by [REDACTED], showed the right hand to be with 0 to 30 degrees range of motion of the PIP joint of the middle finger and 5 to 10 degrees at the DIP with restricted DIP motion also at the index and ring finger from 0 to 10 degrees. There was mild right sided CMC joint tenderness, 5/5 motor strength, and significantly diminished Jamar grip strength measurements. At present it is indicated that the claimant has undergone to date 36 documented sessions of physical therapy. At present there is a request for 24 additional sessions of occupational therapy for the claimant's diagnosis of a crush injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy/occupational therapy times 24 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition text, page 265, table 11-4; ODG on line treatment guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines the claimant's continued role of therapy in the chronic setting would not be indicated. In regards to therapy in the chronic setting, it states that modalities can be used sparingly with active therapies to help control swelling, pain, and inflammation. Guideline criteria would necessitate the role of 24 visits over 16 weeks only for a diagnosis of reflex sympathetic dystrophy. Records in this case indicate 36 recent sessions of physical therapy. I would be unclear as to what further gains could possibly be made at this stage in chronic course of care or why transition to an aggressive home exercise program would not be able to occur.