

<b>Case Number:</b>	CM13-0066116		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 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/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 patient is a 63 year old with an injury date on 5/7/12. Patient complains of improving pain in the 2nd and 3rd digits of the left hand. The patient is unable to make a fist per 8/8/13 report. Based on the 12/12/13 progress report provided by the treating physician, the diagnoses are: 1. volar laceration to left index finger 2. volar laceration to left middle finger 3. volar laceration to left ring finger 4. volar laceration to left small finger 5. numbness to the left index, middle, ring, and small finger 6. decreased range of motion of left index, middle, ring, and small finger 7. bilateral carpal tunnel syndrome EMG + 8/30/13 Exam on 12/12/13 showed "range of motion of left index finger limited with DIP at 0 degrees. Range of motion of middle finger limited with DIP at 5 degrees." Patient's treatment history includes medication, postoperative physical therapy, home exercise program, TENS unit, bracing. The treating physician is requesting extend physical therapy for the left hand/fingers. The utilization review determination being challenged is dated 12/19/13. The requesting physician provided treatment reports from 5/30/13 to 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extend Physical Therapy for the Left Hand/Fingers:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment, Forearm, Wrist, & Hand.

**Decision rationale:** This patient presents with left hand pain in 2nd and 3rd digits and is s/p I and D, exploration of left index, middle, ring, and small finger lacerations from 5/7/12. The treater has asked for extended physical therapy for the left hand/fingers on 12/12/13. The utilization review letter dated 12/19/13 states patient had 38 postoperative physical therapy sessions between 9/6/12 and 7/18/13 for the left hand. Review of reports does not show any documentation of improvement from physical therapy. Regarding Flexor tendon repair or tenolysis Zone 2 and other than Zone 2, MTUS postsurgical guidelines allow 30 visits over 6 months. In this case, patient finished a course of 38 physical therapy sessions from late 2012 into 2013, a period of 10 months. A short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the request does not indicate a quantity of sessions. Therefore, the request is not medically necessary.