

<b>Case Number:</b>	CM14-0005596		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 62-year-old male who reported an injury of unknown mechanism on 05/07/2012. In the clinical note dated 12/12/2013, the injured worker complained of frequent, moderate, sharp stabbing left 2nd and 3rd digit pain that was aggravated by repetitive movement, lifting, reaching, grabbing/grasping, gripping, squeezing, pushing and pulling. In the physical examination of the injured worker's left upper extremity, it revealed multiple scars along the volar aspect of the index finger. It was noted that the injured worker had a positive Tinel's, positive Phalen's, and positive compression test over the median nerve with numbness of the thumb and index finger at approximately 5 seconds. The range of motion of the left index finger at the distal interphalangeal was 0 degrees and at the proximal interphalangeal was 90 degrees. At the middle finger, distal interphalangeal flexion is at 5 degrees, proximal interphalangeal was 70 degrees, and the left ring finger distal interphalangeal was 45 degrees flexion, 90 degrees at the proximal interphalangeal. An EMG dated 08/30/2013 revealed bilateral carpal tunnel syndrome. The diagnoses included volar laceration to left index finger, volar laceration to left middle finger, volar laceration to left ring finger, volar laceration to left small finger, numbness to the left index, middle, ring, and small finger, decreased range of motion of the left index, middle, ring, and small finger, and an annotation of the positive EMG dated 08/30/2013 of bilateral carpal tunnel syndrome. The treatment plan included home exercises, an order for an EMG/NCV of the upper extremities, a continuation of nocturnal left volar wrist brace, continuation of physical therapy treatments 2 to 3 times a week for 6 weeks, and prescriptions for Norco, Medrox ointment, naproxen, Prilosec, Colace, tramadol, and a urinary toxic screen. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTENSION PHYSICAL THERAPY LEFT HAND/FINGERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation POST OPERATIVE PHYSICAL THERAPY, ,

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

**Decision rationale:** The California MTUS guidelines state that physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical notes provided for review lacked documentation of the progress of the injured worker's physical therapy treatments. The guidelines state that physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request as submitted failed to indicate the number of sessions or the frequency being requested. As there is a lack of documentation in the clinical notes provided for needed continued physical therapy, the request for extension of Physical Therapy for the Left Hand/Fingers is not medically necessary.