

<b>Case Number:</b>	CM14-0136544		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is 47 year old female with an original injury on 2/1/2013. The patient has hand pain, especially affecting the right dorsum of the hand. The patient has had 6 previous physical therapy sessions to date. Other conservative therapies have included buddy taping, use of an ergonomic mouse, and Celebrex. The disputed request is for an additional 12 session of physical therapy to the bilateral hands. A utilization review decision was made to modify this request to 6 visits only, citing California Medical Treatment and Utilization Schedule guidelines on physical medicine which specify for tapering of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional hand therapy 2 x 6-bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** In the case of this injured worker, there has already been 6 previous session of physical therapy. This should have provided some education in therapeutic exercises, of which some can be self-directed. The MTUS specifies for tapering of physical therapy, and

therefore the utilization reviewer's decision is in compliance with the MTUS in allowing 6 additional sessions. A 12 session course of Physical Therapy (PT) is considered another full course, which is not medically indicated in this case.