

<b>Case Number:</b>	CM14-0021993		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgeon and Hand Surgeon, and is licensed to practice in Texas. 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 54-year-old male with a reported injury on 09/01/2011. The mechanism of injury was not provided within the clinical evidence. The clinical note dated 01/07/2014 reported that the injured worker complained of right hand pain. The physical examination revealed well-healed scars at the base of the bilateral hands. The injured worker's diagnoses included status post right ring trigger finger release with residual and a possible digital nerve injury, right ring finger; status post left middle trigger finger release with residuals; complaints of depression and anxiety; and status post right middle trigger finger release on 04/09/2013. The injured worker's prescribed medication regimen was not provided within the clinical notes. The provider requested physical therapy for the injured worker's right hand, ring finger and middle finger; the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 02/20/2014. The injured worker's prior treatments were not provided within the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Wks X 6wks For The Right Hand, Ring Finger, Middle Finger:** Upheld

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

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

**Decision rationale:** The request for physical therapy for 2 weeks by 6 weeks for the right hand, ring finger and middle finger is non-certified. The injured worker complained of right hand pain. The treating physician's rationale for physical therapy was not provided within the clinical notes. The CA MTUS Guidelines recognize 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating that the injured worker had significant functional deficits. Given the information provided, there is insufficient evidence to determine the appropriateness of physical therapy. Therefore, the request is not medically necessary.