

<b>Case Number:</b>	CM14-0035503		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/22/2014

### 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 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 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 claimant is a 35-year-old who was injured in a work related accident on 02/04/13. The records provided for review document that the claimant's right index digit was caught in a mixer resulting in a proximal phalanx fracture that was treated with open reduction internal fixation. The 12/09/13 progress report documents that examination revealed stiffness and a sensation deficit to the digit in both the digital and ulnar nerve distributions. Range of motion was diminished from 30 to 60 degrees at the PIP joint with active movements. The recommendation at that time was for a course of additional active physical therapy for static progressive splinting and aggressive range of motion. The follow up report on 02/27/14 noted that the claimant attended nine recent sessions of physical therapy and had made some gains in terms of range of motion. There was no documentation of any specific examination findings. Twelve additional sessions of physical therapy for the hand were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2x6 QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, physical therapy in the chronic setting can be supported for up to nine to ten visits based on acute symptomatic flare or symptoms. This individual had an acute motion deficit that was treated with nine recent sessions of occupational therapy through February 2014. At present there would be no indication for 12 additional sessions of therapy. Twelve additional sessions of therapy at this chronic setting would exceed the Chronic Pain Guidelines. There is no documentation in the records provided for review to support that the claimant would be an exception to the standard form of treatment.