

<b>Case Number:</b>	CM14-0043650		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Management 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:

This injured worker has a date of injury of January 12, 2012. A utilization review determination dated April 1, 2014 recommends modified certification of the physical therapy. The request was for 8 visits, 6 visits were recommended for certification. Utilization review notes indicate that the patient underwent 9 sessions of physical therapy in 2013. A progress report dated May 20, 2014 identifies subjective complaints of no change in the patient's current condition. Objective findings state strengthening, mobility, and flexibility training. The assessment includes diabetes type II and trigger finger in the wrist/hand. The treatment plan recommends therapeutic exercise, neurostimulation, ultrasound, and paraffin therapy. A progress report dated May 14, 2014 indicates that the patient presents for cortisone injections. Physical examination identifies limited motion with pain along the Palmer aspect of the long finger. A progress report dated April 22, 2014 indicates that the patient is able to perform a home exercise program with difficulty during flexion and decreased pain after treatment. A medical report dated April 20, 2014 indicates that the patient underwent hand surgery on November 8, 2013. The patient now feels his condition has worsened. The note indicates that the patient did not receive any therapy. Physical examination reveals limited range of motion in the right long finger with a flexion contraction. The treatment plan recommends a brief course of intensive therapy to regain some motion in the patient's finger since he works as a laborer. An H-wave request report dated January 13, 2014 indicates that the patient has already attempted physical therapy. A report dated December 30, 2013 indicates that the patient is responding well to physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for four (4) weeks to the right middle finger:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chapter Forearm, Wrist, Hand, Web Addition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy to the wrist, occupational medicine practice guidelines state a physical therapist can serve to educate the patient about an effective exercise program. Official disability guidelines recommend occupational/physical therapy in the management of upper extremity conditions. Official disability guidelines additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the documentation available for review, it is unclear whether this request for physical therapy is related to the pre-surgical diagnosis or if there is a new diagnosis that has occurred as a complication of the previous surgery. Additionally, it is unclear how the patient responded to previous physical therapy. Notes contradict each other in that regard. One note indicates that the patient has not had physical therapy, one indicates that the patient responded well to physical therapy, and one implies that the patient did not respond well to physical therapy. Furthermore, there is no specific identification of any objective functional improvement from the therapy previously provided (if this therapy request is for the same diagnosis). If this therapy request is for a different diagnosis, then 6 initial trial visits of physical therapy may be indicated. However, there is no provision to modify the currently requested 8 physical therapy visits therefore, the currently requested physical therapy is not medically necessary.