

<b>Case Number:</b>	CM14-0053202		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 patient is a 37-year-old male who sustained a work related injury on 9/9/2013 as a result of adjusting lighting that lead to fracturing of multiple meta-carpal bones of his right hand. Since his injury, he has had continuous right hand pain that is constant, burning in character and is aggravated by grasping, lifting and pulling activities. The patient mentions that the pain is worse in the morning upon waking, and is alleviated by avoiding the aggravating activities. The examination proved the patient had pain along the dorsal hand as well as the long, ring and small fingers. The strength testing noted reduction in grip, 3-point pinch and lateral pinch strength of the right hand. The patient recently underwent hardware removal on 03/31/2014, from the middle, ring and small finger of his right hand with tenolysis of the extensor digitorum communis tendon of the right third and fourth finger in the finger and hand. In dispute is a decision for Physical Therapy (PT) evaluation and twelve (12) sessions to the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) evaluation and twelve (12) sessions to the right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Physical/Occupational therapy.

**Decision rationale:** Per the guidelines, "Physical Medicine in general is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities versus passive treatments are associated with substantially better clinical outcomes. Active 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 also 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. Per the ODG guidelines, "metacarpal fracture, post-surgical treatment is authorized 16 visits over 10 weeks." Since the request falls within these parameters and post-surgical physical therapy will aid in the patients recover, functionality and pain reduction, it is medically necessary.