

<b>Case Number:</b>	CM14-0092182		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal 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 patient is a 41-year-old man whose right hand and finger became stuck in a conveyor belt. Date of injury was November 14, 2013. Patient presented with the chief complaint of right finger pain. The tip of the middle finger was numb with numbness radiating up the forearm to the mid forearm, with pain that was burning in quality and tightness in the forearm. The right-hand shoulder a well-healed visible scar around the proximal interphalangeal joint of the third finger. There was tenderness present. The clinical impression and diagnosis was crush injury to the right hand middle finger PIP with residual flexion contracture and loss of hand function. The chiropractic healthcare practitioner stated the following the regime of physical therapy the patient would be established at permanent stationary status. The initial request was for 12 visits of physical therapy for the right hand and fingers. Eight visits of physical therapy were initially provided at [REDACTED]. With the length of time since the last physical therapy as well as the significant impairment 12 visits of physical therapy were not medically necessary pursuant to the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times a Week for 3 Weeks for Right Hand/ Fingers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand

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

**Decision rationale:** The initial request was for 12 visits of physical therapy for the right hand and fingers. Eight visits of physical therapy were initially provided at [REDACTED]. With the length of time since the last physical therapy as well as the significant resulting impairment, 12 visits of physical therapy were not medically necessary pursuant to the CA MTUS. The guidelines provide for a fading of treatment frequency from up to 3 visits per week to one or less. Based on clinical information provided in the medical record and using evidence-based, peer review guidelines contained in the California MTUS physical therapy two times a week for six weeks to the right hand and fingers is not medically necessary.