

<b>Case Number:</b>	CM14-0097200		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Occupational 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:

According to the records made available for review, this is a 25-year-old male with a 11/7/12 date of injury, and status post open reduction internal fixation of comminuted fracture of the proximal phalanx and MC joint 11/12, and status post extensive tenolysis of the right index finger and arthroplasty of the right index finger 4/25/13. At the time (6/24/14) of request for authorization for hand therapy; two times per week for six weeks, there is documentation of subjective (gradual improvement in symptoms, particularly range of motion) and objective (range of motion 20 degrees to 55 degrees) findings, current diagnoses (status post right index metacarpophalangeal joint arthroplasty), and treatment to date (medications and post-op occupational therapy x 22 visits and 12 occupational visits (recently authorized 2/20/14)). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy; two times per week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Forearm/Wrist & Hand, Physical/ Occupational Therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of arthroplasty not to exceed 24 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post right index metacarpophalangeal joint arthroplasty. In addition, there is documentation of 22 post-op occupational therapy visits and 12 additional visits received recently with reported improvement in range of motion. Furthermore, there is documentation of functional deficits. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for hand therapy; two times per week for six weeks is not medically necessary.