

<b>Case Number:</b>	CM14-0194825		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Preventive 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 38-year-old male with a 2/26/14 date of injury, and status post right hand removal of two large nails from a nail gun 2/26/14. At the time (10/15/14) of request for authorization for physical therapy to the right hand x 8 visits, there is documentation of subjective (partial improvement in symptoms status post cortisone injection; constant dull pain in the right hand with associated weakness with grasping and lifting) and objective (tenderness over the A1 pulley with a palpable nodule and active locking and triggering; sensation grossly intact, range of motion within normal limits, 5/5 grip strength) findings, current diagnoses (right third digit stenosing tenosynovitis), and treatment to date (right third digit A1 pulley cortisone injection, medications, activity modification, home exercise program, and physical therapy x 24 visits). Physical therapy note identifies improvement in range of motion with previous therapy. There is no documentation 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:

**Physical Therapy to the right hand x 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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 and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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 open wound of finger or hand not to exceed 24 visits over 16 weeks. In addition, ODG recommends 14 visits over 12 weeks for the diagnosis of synovitis and tenosynovitis. Furthermore, 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 diagnosis of right third digit stenosing tenosynovitis. In addition, there is documentation of 24 physical therapy visits completed to date with reported functional benefit and improvement. However, the request for physical therapy to the right hand x 8 visits, in addition to the treatments already completed, would exceed guidelines and there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy to the right hand x 8 visits is not medically necessary.