

<b>Case Number:</b>	CM14-0196235		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old male with an injury date on 8/5/13. The patient complains of pain in the 5th finger of the left hand per 5/22/14 report. The patient also has continued lumbar pain, cervical pain, and rib pain per 4/24/14 report. The patient had an initial delay in receiving physical therapy, but he is not currently attending physical therapy and has been "doing better" per 4/24/14 report. Based on the 5/22/14 progress report provided by the treating physician, the diagnoses are s/p ORIF left 5th finger, L-spine sprain, C-spine sprain, left foot contusion/sprain and rib contusion. A physical exam on 5/22/14 showed " PIP to 90 degrees, DIP to 45 degrees." The patient's treatment history includes medications, multiple surgeries of the left hand, physical therapy. The treating physician is requesting 9 sessions of physical therapy for left hand. The utilization review determination being challenged is dated 10/27/14. The requesting physician provided treatment reports from 3/27/14 to 5/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Sessions of Physical Therapy for Left Hand (Align Networks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** This patient presents with back pain, neck pain, rib pain, and stiffness of the left finger (5th DIP) and is s/p removal of two pins (left little finger and middle phalanx). The physician has asked for 9 Sessions of Physical Therapy for Left Hand but the requesting progress report is not included in the provided documentation. The utilization review letter dated 10/27/14 states patient had 36 prior physical therapy sessions for the left hand approved since 3/31/14. The date of the ORIF left 5th finger is not included in reports, but it was prior to 3/20/14 (operation date for removal of pins). The patient is currently attending physical therapy and has been from 3/27/14 to 5/16/14 reports, but the number of sessions was not specified. For PIP joint intra-articular fracture and or dislocation at proximal or middle phalanx, MTUS post-surgical guidelines allows for 20 visits over 6 months within an 8 month post-surgical treatment period. In this case, the patient had multiple traumatic injuries and had ORIF for fractures in the left 5th middle and distal phalanx with subsequent pin removal and continued pain in the left 5th finger. So far, 36 sessions of physical therapy have been authorized since the removal of pins, and the patient has been "doing better" from the therapy. A short course of treatment may be reasonable for a flare-up, declined function or new injury. The physician is requesting another 9 sessions but there is no report that explains the necessity of additional therapy sessions. Therefore the requested additional 9 sessions of physical therapy are not medically necessary.