

<b>Case Number:</b>	CM15-0007171		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 31 year old female, who sustained an industrial injury on 9/5/2014. The diagnoses have included right index, middle and ring finger metacarpal joint sprain/soft tissue, and right wrist capitate and hamate bone contusions and right scapholunate ligament perforation or canal tear per magnetic resonance imaging (MRI) arthrogram report 9/17/2014 . Treatment to date has included a splint, occupational therapy and pain medication. An occupational therapy re-evaluation dated 12/4/2014, visit number 16, documents that the injured worker demonstrated significant improvement in active range of motion, strength and functional use of her right upper extremity since the last evaluation. The occupational therapy plan documented that the injured worker had no more authorized visits. According to the Primary Treating Physician's Progress Report dated 12/11/2014, the injured worker was seen for orthopedic re-evaluation of an injury to her right upper extremity. The injured worker complained of thumb pain when writing. Range of motion was improving; strength was a problem. Physical exam of the right upper extremity revealed less painful passive wrist extension and flexion. There was tenderness to palpation at the base of the second and third metacarpals and at the fourth metacarpal head. Treatment plan was to switch to physical therapy at another facility for strengthening. On 1/6/2015, Utilization Review (UR) non-certified a request for initial physical therapy, one to two times weekly, right hand. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Physical Therapy, 1-2 times weekly, right hand, per 12/11/14 PR2:** 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 (ODG), Forearm, Wrist, & Hand (updated 11/13/14), and Physical/Occupational Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior therapy sessions, but there is no documentation of specific objective functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to the previous therapy sessions, the request exceeds the amount of therapy sessions recommended by ODG for this patient's diagnoses. In light of the above issues, the currently requested physical therapy is not medically necessary.