

<b>Case Number:</b>	CM15-0007401		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male who reported an injury on 08/02/2012 to his left upper extremity that ultimately resulted in surgical intervention. The injured worker developed complex regional pain syndrome of the left upper extremity and was formally diagnosed in 06/2012. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 11/06/2014. It was documented that the injured worker had 6/10 pain that increased to 9/10 with activity. The injured worker's medications included tramadol, metformin, and gabapentin. Objective findings included difficulty in flexion of his fingers of the left hand and swelling and slight discoloration of the hand with no nail or hair growth changes. A request was made for continuation of physical therapy to assist with desensitization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for left ring finger 2 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends 24 visits for reflex sympathetic dystrophy or complex regional pain syndrome. The clinical documentation submitted for review does indicate that the injured worker has already participated in physical therapy. The number of visits and outcome of that therapy were not provided. Therefore, the need for additional therapy is not supported. Additionally, California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled physical therapy. The clinical documentation does not indicate that the injured worker is participating in any type of home exercise program. As such, the requested physical therapy for left ring finger 2 x 6 is not medically necessary or appropriate.