

<b>Case Number:</b>	CM15-0101628		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 sustained an industrial injury on 12/12/2014. The injured worker reported that while pulling linen a door fell on top of her right hand, also when the door fell on her right arm she hit the blade causing her to cut her right hand and right palm. On provider visit dated 04/14/2015 the injured worker has reported to have stiffness and swelling in the third and fifth digits more than the operated fourth digit. On examination, she was noted to have a restricted range of motion with firmness to palpation of the fifth digit. The diagnoses have included right hand laceration, right fourth middle phalanx fracture - status post closed reduction and percutaneous fixation. Treatment to date has included physical therapy, and medication Motrin, Naprosyn and Omeprazole. The provider requested additional Physical Therapy 1xWk x 4Wks for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 1xWk x 4Wks for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 10, 20.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 - ODG, Low Back Chapter, Physical Medicine. Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 16 sessions, with half the amount recommended initially and the remaining sessions dependent upon functional improvement. Within the documentation available for review, there is conflicting information with regard to the amount of sessions completed/authorized to date. Regardless, the patient has completed at least 12 sessions to date, and while improvement has been noted, no specifics with regard to that improvement (such as range of motion) have been reported and there is no clear indication of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.