

<b>Case Number:</b>	CM15-0132831		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Maryland

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

### 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 27-year-old male, who sustained an industrial injury on 11/26/2014. He reported acute injury to the right hand with a large laceration exposing bone and chip fracture of the ulnar styloid. Diagnoses include right hand pain and Complex Regional Pain Syndrome (CRPS), status post surgical repair of injury. Treatments to date include splinting, oral medication therapy and physical/occupational therapy. Currently, he complained of right hand pain rated 8/10 VAS. On 5/7/15, the physical examination documented limited range of motion from the elbow to fingers. There was allodynia, swelling, and tenderness noted. The plan of care included physical therapy two to three times a week for six to eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3x a week for 6-8 weeks 1-2 hour right hand: 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:** Physical therapy 2-3x a week for 6-8 weeks 1-2 hour right hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 24 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The documentation indicates that the patient has had at least 18 PT sessions. The documentation is not clear that the patient had significant functional improvement from this therapy. The patient should be well versed in a home exercise program. There are no extenuating factors, which would necessitate 12 to 18 more supervised therapy visits for the right hand therefore this request is not medically necessary.