

<b>Case Number:</b>	CM15-0138028		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

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 28 year old male, who sustained an industrial injury on February 26, 2015. Treatment to date has included open reduction and internal fixation of an incompletely reduced chronic proximal interphalangeal joint fracture dislocation, and seventeen hand therapy sessions. Currently, the injured worker reports soreness in the morning from stiffness and the cold. The injured worker is two months status post open reduction and internal fixation and uses a splint for heavy work and tasks. He reports that pain and weakness are limiting and he is slowly consistently progressing in his function. The documentation reveals that the injured worker is improving with range of motion in the small finger and initiating functional strength tasks. He reports that he is knowledgeable and compliant with his full home exercise program. The diagnosis associated with the request is closed fracture of the middle-proximal phalanx-phalanges and status post open reduction and internal fixation. The treatment plan includes continued hand therapy to promote safe return to heavy work requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 3 times a week for 4 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Dislocation of finger, p19 (2) Fracture of one or more phalanges of hand (fingers), p20.

**Decision rationale:** The claimant sustained a work injury in February 2015 and underwent ORIF of a right fifth finger PIP fracture / dislocation. Surgery was performed in April 2015 and the fracture fixation pins were removed on 05/06/15. He had postoperative therapy and as of 05/28/15 was attending the 11th treatment session. By 06/18/15 he was attending the 17th treatment session. He was using Theraputty. There was a mild joint diffusion. Range of motion was decreased. Being requested is additional physical therapy three times per week for the next four months. Guidelines recommend up to 16 therapy session over 10 weeks for treatment of the claimant's injury. In this case, the claimant has already had physical therapy and the additional number of treatments requested is grossly in excess of the guideline recommendation. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number and duration of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.