

<b>Case Number:</b>	CM15-0180667		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

### 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 41 year old male, who sustained an industrial injury on August 7, 2014. He reported injury to his left hand index finger and middle finger. The injured worker was currently diagnosed as having amputation of finger, status amputation fingers, finger joint contracture and status post-surgical. Treatment to date has included surgery, physical therapy, exercises and medication. On July 23, 2015, the injured worker complained of increased pain in his left index finger knuckle. He reported his left index finger joint felt completely locked and the pain continued to progress. The pain was rated as a 7 on a 1-10 pain scale. The injured worker stated that he "does not see the point of physical therapy since it only aggravates his pain." Physical examination revealed left index finger PIP joint contracture with 25 degrees flexion. There was "minimal active or passive range of motion" of the left index finger PIP joint noted. The treatment plan included medications, continuing physical therapy, home exercises and a follow-up visit. On August 18, 2015, utilization review modified a request for physical therapy with static flexion loops two visits a week for five weeks for the left hand to physical therapy times two to the left hand for transition to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with static flexion loops 2 times a week for 5 weeks for the left hand:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical/Occupational Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The 41 year old patient presents with arthrofibrosis of the left index finger, status post thenar flap and PIP joint release, as per progress report dated 08/18/15. The request is for PHYSICAL THERAPY WITH STATIC FLEXION LOOPS 2 TIMES A WEEK FOR 5 WEEKS FOR THE LEFT HAND. The RFA for this case is dated 07/01/15, and the patient's date of injury is 08/07/14. The patient is status post traumatic amputation of left long and index finger on 08/20/14, as per progress report dated 08/18/15. Diagnoses, as per progress report dated 07/23/15, included amputation of finger and finger-joint contracture. Medications included Norco, Gabapentin, Naproxen and Ducoprene. The patient has been allowed to return to modified work, as per progress report dated 07/23/15. MTUS post-surgical guidelines, pages 18-20, Forearm, Wrist, & Hand section recommend 18 visits over 4 months to patients undergoing PIP and MCP collateral ligament reconstruction. Postsurgical physical medicine treatment period: 6 months. In this case, the patient is status post three surgeries. He underwent partial amputation of left index and middle finger immediately after the injury. Six weeks later, he underwent surgery to complete the flap of his left index finger and also completed 16 sessions of PT, as per progress report dated 05/06/15. The patient underwent PIP joint release in April, 2015, and "was immediately started on physical therapy" as per the same progress report. A request for continuation of physical therapy is noted in orthopedic report dated 06/23/15. In progress report dated 06/25/15, the primary care physician states that the surgeon requested for PT "due to no alternative treatment options to regain ROM of left IF PIP joint." In progress report dated 07/23/15, the treater states that the patient does not see the point of PT since it only aggravates his pain." As per progress report dated 08/18/15 (same as UR denial date), the patient has not improved since last visit despite PT and the patient "feels that PT is no longer helpful." Furthermore, while the progress reports do not document the number of PT sessions completed after the most recent surgery, the Utilization Review denial letter states that the patient has completed 22 post-op therapy sessions. It is not clear why the patient has not transitioned to a home exercise regimen. MTUS only recommends 18 sessions over a span of 4 months to patients undergoing PIP and MCP collateral ligament reconstruction, and the treater's request for 10 additional sessions exceeds that limit. Hence, the request IS NOT medically necessary.