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| <b>Case Number:</b>   | CM15-0187707 |                              |            |
| <b>Date Assigned:</b> | 09/29/2015   | <b>Date of Injury:</b>       | 05/19/2015 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 09/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2015 |

### 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:

This is a 51-year-old male with a date of injury on 5-19-15. A review of the medical records indicates that the injured worker is undergoing treatment for right hand injury. Progress report dated 8-13-15 reports his pain overall is moderately improving over time. He is in physical therapy and reports feeling happy with the progress. Upon exam: right hand incision is healed and the scar is causing very slight contracture, mild swelling of the hand is improving and he continues with digital stiffness. Treatments include medication, massage, electrical stimulation, therapeutic exercise, physical therapy, shock-wave, treated for right hand laceration and right open thumb distal phalanx fracture with open treatment and pinning. Work status: off work. Request for authorization was made additional Physical therapy 2 times per week for 4 weeks. Utilization review dated 9-14-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 2 x 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in May 2015 and underwent incision and drainage and ORIF of an open right thumb distal phalanx fracture on 05/20/15. His injury occurred when he was holding onto a handle with a hook on the end and the hook became stuck in a pulley ripping the handle from his hand. Physical therapy was started on 06/29/15 and there were 19 treatments completed as of 08/31/15. When seen, he was having mild to moderate pain. There was a slight contracture with mild swelling which was improving. There was decreased range of motion. Additional therapy is being requested. After the surgery performed, guidelines recommend up to 16 visits over 10 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.