

<b>Case Number:</b>	CM15-0189689		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/04/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii

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 38 year old male who sustained an industrial injury on 8-4-15. The injured worker reported right upper extremity pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in joint hand, fracture at the base of the middle phalanx of the middle finger with early degenerative changes and crushing injury of finger. Medical records dated 8-11-15 indicate the injured worker "continues with constant severe pain in both injured fingers." Provider documentation dated 9-1-15 noted the injured workers pain level as an 8. Provider documentation dated 9-21-15 noted the work status as temporary totally disabled. Treatment has included Tramadol, Naproxen, splint, and a magnetic resonance imaging. Objective findings dated 9-21-15 were notable for right hand with right middle finger swelling, loss of range of motion, hypoesthesia over ulnar aspect of ring finger. The original utilization review (9-22-15) denied a request for Physical therapy 3 times 6 for the right 2nd and 3rd digit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 6 for the right 2nd and 3rd digit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The records indicate the patient had right hand pain mostly affecting the index and middle finger. The current request for consideration is physical therapy 3 x 6 for the right 2nd and 3rd digits. The attending physician report for this request was not found in the records provided for review. The CA MTUS does recommend physical therapy as an option. Passive care gives way to active care at a decreasing frequency. The guidelines allow for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. There is no indication if previous physical therapy has been completed or how many sessions were performed. While the patient may be a candidate for physical therapy, the current request is not consistent with MTUS guidelines which allow 9-10 sessions over 8 weeks. There is no documentation that the patient is post surgical and there is nothing in the records to substantiate treatment outside of the guidelines. The current request is not medically necessary per MTUS guidelines.