

<b>Case Number:</b>	CM15-0195314		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/14/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 49-year-old female, who sustained an industrial injury on 2-14-2015. The injured worker was diagnosed as having sprain of hand, unspecified site. Treatment to date has included diagnostics, right hand extensor tendon repair on 2-17-2015, hand therapy (at least 12 visits), and medications. Currently (9-16-2015), the injured worker complains of right hand pain, stiffness, heaviness, numbness, and tingling, rated 5 out of 10 with medication. Pain was associated with cold weather, repetitive movement, lifting 10 pounds, prolonged-repetitive grabbing, grasping, gripping, squeezing, pushing, or pulling. She was right hand dominant. Exam of the right hand noted tenderness to palpation of the palmar aspect of the right hand, positive Tinel's, and reflexes 2+. Medications included Protonix, Motrin, and compound creams. Work status was modified. The Primary Treating Physician's MMI-Permanent and Stationary Report (9-03-2015) noted range of motion in the wrists and fingers was within normal limits, but with stiffness in the right index finger, noting gross muscle testing in the upper and lower extremities 5 of 5. The treatment plan included additional physical therapy, 2x3, for the right hand, modified by Utilization Review on 9-21-2015 to additional physical therapy for the right hand, 1x3. Orthopedic documentation from 7/17/15 noted that the patient was at a plateau and was considered permanent and stationary. 'Surgical intervention is not recommended. The patient will continue with home exercise to maximize strength and range of motion. Injections and/or further aggressive therapy is not recommended. Documentation from 8/6/15 noted that the patient had been seen by Ortho and was awaiting the report. Recommendation was made for PT 1x6 to decrease pain and increase ROM. Acupuncture was requested as well. Documentation

from 9/3/15 noted that the patient was permanent and stationary. The recommendations from the orthopedic assessment were agreed with and incorporated into this report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the right hand 2 times per week for 3 weeks: Upheld**

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

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

**Decision rationale:** The patient is a 49-year-old female who had undergone extensor tendon repairs of the right index finger on 2/17/2015. She had attended formal physical therapy and was noted to be permanent and stationary on July 17th, 2015. The patient was instructed to continue a home exercise program. There is insufficient justification that the patient continues to require formal physical therapy. Extensor tendon repair or tenolysis [DWC]: Postsurgical treatment: 18 visits over 4 months; Postsurgical physical medicine treatment period: 6 months. In addition, the patient has exceeded the overall treatment period as outlined above. Therefore, additional formal physical therapy should not be considered medically necessary.