

<b>Case Number:</b>	CM15-0022618		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 62-year-old male who reported an injury on 07/02/2012. The mechanism of injury occurred when the injured worker was working on an electric cart, and was positioned on his knees on the cement ground. The injured worker reported all of the sudden he felt a sharp pain in the right knee and noticed the knee was swelling and he was in severe pain. The injured worker previously underwent physical therapy. The documentation of 12/03/2014 indicated the injured worker had complaints of left 3rd MCP joint pain and swelling after he injured himself changing tires on 08/06/2014. The injured worker underwent an x-ray on 08/07/2014 which revealed no acute fracture or mal-alignment. There was mild narrowing of the MCP and IP joints. The injured worker had a tiny cortical irregularity/ossicles at the base of the proximal phalanx along the ulnar aspect, which was noted in the prior study in 2012. The documentation indicated the injured worker had improved since his last visit. The physical examination revealed normal sensation to light touch, and grip strength of 4+/5 causing pain to the left 3rd MCP joint. The diagnoses included left middle finger MCP joint strain with degenerative joint disease and left 3rd digital subungual hematoma. The injured worker was to start physical therapy as scheduled. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand physical therapy 2 times a week for 6 weeks, quantity: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 98, 99.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions of therapy for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. There was a lack of documentation of objective functional benefit that was received from prior therapy. There was a lack of documentation of objective functional deficits to support the necessity for therapy. The request for 12 sessions would be excessive, per the guideline recommendations. Given the above, and the lack of documentation of remaining objective functional deficits, the request for hand physical therapy 2 times a week for 6 weeks, quantity: 12 sessions is not medically necessary.