

<b>Case Number:</b>	CM15-0212749		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 55 year old female with an industrial injury date of 11-14-2014. Medical record review indicates she is being treated for right ring finger amputation with residual pain and diabetes mellitus. Subjective complaints (09-14-2015) included pain of the right ring finger. The injured worker also noted the finger gets cold and numb and she has pain when she grasps. The pain extends along the ring finger into the volar forearm. Work status (09-14-2015) is documented as modified duties with restrictions of no heavy gripping and no lifting greater than 20 pounds. Prior treatment included at least 12 sessions of hand therapy. In the 08-03-2015 medications are listed as Naproxen, Omeprazole and antibiotic. Objective findings (09-14-2015) documented by the treating physician included a "moderate parrot-beak deformity." "She does not have much of a pad on the pulp." Finger motion was documented as good, no crepitus and good function of both flexor and extensor tendons. Grip strength is documented as right 14-12-14 and left as 32-30-30. The finger had normal temperature without discoloration. On 09-29-2015, the request for additional outpatient hand therapy 2 times a week for 3 weeks for the right ring finger was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient hand therapy 2 times a week for 3 weeks for the right ring finger:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The patient experienced amputation injury of the distal right ring finger. The postsurgical treatment is 14 physical medicine visits over 3 months with postsurgical physical medicine treatment period of 6 months. In this case the patient had received 12 sessions of therapy. In addition the procedure was in November 2014. Postsurgical treatment period has expired. The additional requested 6 visits would bring the total number of visits to 18. This surpasses the maximum recommended number of 10 visits for non-postoperative care. The request is not be medically necessary.