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| <b>Case Number:</b>   | CM15-0225934 |                              |            |
| <b>Date Assigned:</b> | 11/24/2015   | <b>Date of Injury:</b>       | 04/21/2015 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 11/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female with a date of injury on 4-21-15. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand injury. Progress report dated 10-23-15 reports continued complaints of pain along with areas of sensitivity and burning sensation along the right and left index fingers. He states the phantom pain persists on the right hand post amputation right index finger. He reports slow but forward progress after 8 sessions of physical therapy to increase range of motion and function and decrease pain. Urine drug screen is consistent with prescribed medication. Objective findings: he guards his hands against being touched, the right and left index fingers are wrapped in gauze, amputation site is healed, range of motion of both index fingers is limited due to pain and there is no obvious injury to the other digits. MRI left hand 6-15-15 showed dorsal angulation of the 4th middle phalanx, volar angulation of the 5th distal phalanx with subcutaneous edema of the 2nd phalanx and subchondral cyst on the head of the 2nd metacarpal bone. MRI right hand 6-15-15 showed amputation of the 2nd phalanx at the level of mid phalanx with a subchondral cyst at the head of the second metacarpal. Treatments include: medication, physical therapy, wound care, right index finger traumatic amputation. Request for authorization was made for 16 additional Physical Therapy Visits 2 times per week for 8 weeks for bilateral index fingers. Utilization review dated 11-09-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 additional Physical Therapy Visits 2/week X 8 weeks for bilateral index fingers: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.