

<b>Case Number:</b>	CM15-0050619		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 11/24/13. He reported right hand injury. The injured worker was diagnosed as having right hand crush injury, right middle finger unstable displaced fracture of proximal phalanx and stiffness. Treatment to date has included physical therapy, splinting, activity restrictions and occupational therapy. Currently, the injured worker states the right hand feels a little better, but still hurts and is stiff. Upon physical exam, fingers of right continue with significant stiffness, but overall have improved. The treatment plan included splinting and therapy for range of motion exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right hand 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Physical therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for prior physical therapy sessions, which is consistent with MTUS and ODG guidelines for initial trial of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. Progress notes made no mention as to the progress of the patient's hands or his response to physical therapy as it pertains to his request. As such, the request for 12 physical therapy sessions is not medically necessary.