

<b>Case Number:</b>	CM15-0055201		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 52 year old male sustained an industrial injury to the right third finger on 5/16/14. Previous treatment included right third digit tip amputation status post revision with volar flap closure, physical therapy, home exercise and medications. In an office visit dated 1/29/15, the injured worker reported worsening stiffness to the right third finger. Physical exam was remarkable for sensitivity to the tip with worsening range of motion. Current diagnoses included partial amputation of finger status post right third digit tip amputation revision with volar flap closure. The treatment plan included anti-inflammatories and hand therapy x6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Certified hand therapy x6 visits right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**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) Forearm, wrist, and hand, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, certified hand therapy times 6 visits, right is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post right third digit tip revision with volar slab closure June 23, 2014, partial amputation finger. Documentation indicates the injured worker received 28 sessions of physical therapy. An additional 12 physical therapy sessions were requested that were downwardly modified to six sessions on February 5, 2015. The treating physician is now appealing the additional six physical therapy sessions not previously authorized. There are no contemporaneous notes on or about the date of authorization dated March 2, 2015. A progress note dated December 29, 2014 indicates the injured worker has full active and passive range of motion at the proximal interphalangeal joint. He has no tenderness but continues to have weakness of grip strength. The injured worker is engaged in a home exercise program. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Pursuant to the March 2, 2015 request for authorization, there are no compelling clinical facts in the medical record warranting additional physical therapy based on the December 29, 2014 physical findings. Additionally, the worker is already engaged in a home exercise program and should be well versed in home exercises based on receiving 34 sessions of physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement while engaged in a home exercise program with minimal physical findings on examination (December 29, 2014), certified hand therapy times six visits, right is not medically necessary.