

<b>Case Number:</b>	CM15-0056189		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 Jersey

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:

The injured worker is a 33-year-old female, who sustained an industrial injury on 06/09/2014. She has reported injury to the left hand/wrist, left elbow, and left shoulder. The diagnoses have included acute flagrant reflex sympathetic dystrophy left upper extremity with nonfunctional left palm and hand; crushing trauma, left hand; laceration left palm; and left shoulder strain/sprain. Treatment to date has included medications, diagnostic studies, and physical therapy. Medications have included Norco, Anaprox, and Gabapentin. A progress note from the treating physician, dated 02/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the left hand and fingers; and pain is rated at 10/10 on the visual analog scale. Objective findings included tenderness to palpation at the palm of the left hand; and flexion deformity of the fingers. The treatment plan has included the request for physical therapy, left hand/finger, 18 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Left Hand/ Finger, 18 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the hand and wrist is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 8-10 supervised physical therapy visits over 8 weeks for chronic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was insufficient documentation provided which showed the number of completed sessions of physical therapy or outcome following therapy to help support the continuation of physical therapy. Also, there was no evidence to suggest the worker required supervision as opposed to completing home exercises. Therefore, the request for physical therapy will be considered not medically necessary.