

<b>Case Number:</b>	CM15-0058749		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Florida

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 34 year old male, who sustained an industrial injury on April 11, 2013. The injured worker reported traumatic crush injury to hand. The injured worker was diagnosed as having adhesion flexor or extensor tendons, amputation fifth finger right hand, flexor tendon laceration of finger with open wound and revision of amputation. Treatment and diagnostic studies to date have included multiple surgeries, therapy and medication. A progress note dated February 19, 2015 provides the injured worker complains of right hand pain and decreased function of hand. The plan includes additional therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HAND THERAPY 1-2 TIMES PER WEEK X 8-10 WEEKS:** 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) 132-133.

**Decision rationale:** In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy (it would appear that he has been approved for 30 sessions,) but now his physician is requesting an additional 10-20 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.