

<b>Case Number:</b>	CM15-0086018		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Arizona, Texas  
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:

The injured worker is a 60 year old male who sustained an industrial injury on 3/12/14. The injured worker was diagnosed as having carpal tunnel syndrome, acquired trigger finger and ulnar nerve lesion. Currently, the injured worker was with complaints of discomfort in the left elbow, right elbow and right hand. Previous treatments included cortisone injections. Physical examination was notable for right hand asymmetry flexion contracture, inability to make a fist and severe hyperextension at the right long finger as well as grinding and an audible click. The plan of care was for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM: Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 & Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

**Decision rationale:** Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the documentation shows that the patient has had prior hand therapy without specifying the number of therapy sessions. The MTUS allows for a tapering number of PT sessions in order for the patient to be instructed on a HEP. The 12 sessions that are being requested appear in excess of what is needed to teach a HEP given the patient has previously had hand therapy. The 12 sessions of PT are not medically necessary.