

<b>Case Number:</b>	CM15-0086262		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male, who sustained an industrial injury on 09/27/2012. He has reported injury to the right hand/wrist. The diagnoses have included right wrist sprain/strain; status post right little finger ligament tear; status post right small finger pinning, on 11/10/2014; degenerative joint disease of the proximal interphalangeal joint. Treatments have included medications, diagnostics, ice, bracing, physical therapy, and surgical interventions. Medications have included Ibuprofen, Fanatrex, Synapryn, Dicopanol, Deprizine, and Tabradol. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of residual sharp pain, status post-surgery of the fifth digit; pain is frequent to constant and rated at 5/10 on the pain analog scale; also has weakness and numbness of the right hand and fingers; anxiety, depression and difficulty sleeping; medications offer him temporary relief of pain and improve his ability to have restful sleep; and pain is also alleviated by activity restrictions. Objective findings included a well- healed scar over the fifth digit, right hand; there is a mallet deformity noted at the distal interphalangeal joint at the fifth finger; and there is tenderness to palpation over the surgical scar. The treatment plan has included the request for physical therapy 2 x 4 weeks, right hand/fifth finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 weeks, Right Hand /5th Finger: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The patient was injured on 09/27/12 and is status post-surgery of the 5th digit with residual sharp pain (date of surgery 10/10/14). The request is for physical therapy 2 x 4 weeks, right hand/5th digit. There is no RFA provided and the patient is to remain off work until 05/13/15. The report with the request is not provided. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. On 10/10/14, the patient underwent surgery on the 5 digit. The patient is diagnosed with right wrist sprain/strain, status post right little finger ligament tear, status post right small finger pinning (11/10/2014), and degenerative joint disease of the proximal interphalangeal joint. Treatment to date includes medications, diagnostics, ice, bracing, physical therapy, and surgical interventions. The 04/08/15 report states that "the patient is to continue the course of physical therapy for the right digit finger in a frequency of 3 times per week for a period of 6 weeks." In this case, the report with the request is not provided. The patient has had prior physical therapy; however, there is no indication of when all of these sessions took place, how many total sessions of therapy the patient, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. MTUS also allow 9-10 sessions for myalgia/myositis type of condition, and the patient is outside of post-operative time frame. The request exceeds what is allowed per MTUS. Therefore, the request is not medically necessary.