

<b>Case Number:</b>	CM15-0241851		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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 21 year old male, who sustained an industrial injury on 10-29-2013. Diagnoses include a history of continuous trauma to right wrist, history of left index and middle finger metacarpal shaft fractures, status post left hand open reduction internal fixation (ORIF) in 2013, and persistent right wrist ulnar sided pain. Treatments to date include activity modification, home exercise, and at least six months of physical therapy status post initial hand surgery. On 8-11-15, he complained of ongoing pain, numbness, weakness, and swelling in the left wrist and hand. The physical examination documented sensitivity to touch of the scar over the dorsum of the left hand. There was tenderness over the index and middle finger metacarpals with palpable hardware over the middle finger. There was loss of extension of the left middle finger and decreased sensation to the index and middle fingers. There were x-rays obtained on this date revealing plate and screws with good placement. The plan of care included surgery to remove the plate and screws and tendon repair to relieve adhesions. On 10-20-15, he complained of hand pain. The physical examination documented tenderness. He is status post left hand ORIF with tendon repair. The plan of care included "checking the status of physical therapy request." The appeal requested authorization for twelve (12) physical therapy sessions to the left hand. The Utilization Review dated 11-10-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions to the left hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient was injured on 10/29/13 and presents with hand pain. The request is for physical therapy 12 sessions to the left hand. There is no RFA dated and the patient can work full duty. Review of the reports provided indicates that the patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, 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. The patient is diagnosed with a history of continuous trauma to right wrist, history of left index and middle finger metacarpal shaft fractures, status post left hand open reduction internal fixation (ORIF) in 2013, and persistent right wrist ulnar sided pain. Treatment to date includes activity modification, home exercise, and at least six months of physical therapy status post initial hand surgery. The utilization review letter states that the patient has attended more than thirty sessions of physical therapy since his 2013 surgery. However, there is no indication of how many sessions the patient had in total, when these sessions occurred, 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 her pain. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested physical therapy is not medically necessary.