

<b>Case Number:</b>	CM14-0132152		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old male with a 9/15/08 date of injury. At the time (6/4/14) of the request for authorization for right hand therapy x8, there is documentation of subjective (3-4/10 pain, stiffness and pain exacerbation with use of right hand, limitation in function including grabbing, and severe constant dysesthesia and phantom pain of his amputated index finger) and objective (amputation of the right index finger with tenderness over the stump, right thumb motion is painful and has restricted range of motion, decrease in sensation in the radial and ulnar digital nerves of the right thumb, right middle finger DIP has restricted range of motion, severe dysesthesia over right hand from wrist to fingertips, most severe at the index stump, and some tenderness over the lateral wrist area over the snuffbox) findings, current diagnoses (dysesthesia, amputated finger, phantom limb syndrome, and traumatic amputation finger multiple), and treatment to date (at least 24 therapy sessions). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hand Therapy x8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Physical/occupational therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of amputation and replantation not to exceed 36 visits over 12 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of dysesthesia, amputated finger, phantom limb syndrome, and traumatic amputation finger multiple. In addition, there is documentation of treatment with 24 therapy sessions. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous therapy. Therefore, based on guidelines and a review of the evidence, the request for right hand therapy x8 is not medically necessary.