

<b>Case Number:</b>	CM14-0154272		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & 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:

The injured worker is a 51-year-old female who reported an injury on 12/13/2013. The injured worker reportedly strained her finger while attempting to restrain an inmate. The current diagnosis is right ring finger sprain. Previous conservative treatment is noted to include physical therapy and home exercise. The injured worker was evaluated on 08/08/2014. It is noted that the injured worker has completed 12 sessions of physical therapy to date and is currently participating in a home exercise program. The injured worker presented with no complaints of significant pain. The injured worker is currently working full duty without restrictions. Physical examination revealed full flexion, full grip strength, and intact sensation. X-rays obtained on 01/11/2014 indicated no acute fracture or significant abnormality. Treatment recommendation at that time included physical therapy twice per week for 3 weeks. A Request for Authorization form was then submitted on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy 2 x 3 for the right ring finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state 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 injured worker has completed 12 sessions of physical therapy. The injured worker is currently participating in a home exercise program and has been able to return to work without restrictions. There is no documentation of a significant functional limitation. The medical necessity for ongoing skilled physical medicine treatment has not been established. As such, the request is not medically appropriate.