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| <b>Case Number:</b>   | CM14-0170036 |                              |            |
| <b>Date Assigned:</b> | 10/20/2014   | <b>Date of Injury:</b>       | 06/01/2013 |
| <b>Decision Date:</b> | 11/20/2014   | <b>UR Denial Date:</b>       | 10/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2014 |

### 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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 54-year-old female who sustained an injury to her right middle finger on 6/1/2013. This was allegedly due to repeated gripping and grasping to clean machines. The patient was complaining of right middle finger numbness and pain associated with a pins and needle sensation and complaints of triggering. She had tenderness to palpation from the DIP to the PIP joints. This patient had been authorized 8 sessions of physical therapy which she completed. Physical therapy brought her pain level down from a 6 to a 5. Her triggering was less but still present. A request was made for an additional 8 sessions of physical therapy twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 4 weeks right middle finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

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

**Decision rationale:** Physical medicine is composed of active and passive therapy. Passive therapy can provide short-term relief during the early phases of pain treatment. However, active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient is expected to be on a home exercise program to maintain improvement levels. In addition, evidence of functional improvement is needed in order to continue any form of treatment. This patient received very little pain relief or improved function as a result of the physical therapy that she completed. There is no documentation that she was on a home exercise program to support the supervised physical therapy. The ACOEM guidelines recommend 9 sessions of physical therapy over 8 weeks. This recommendation is based on postoperative therapy. Since the patient has demonstrated very little functional improvement from the completed 8 sessions of physical therapy, the treatment plan needs to be reassessed. Since there is no documentation that she was on a home exercise program to complement the original physical therapy sessions and since that physical therapy produced very little functional improvement, the medical necessity for additional physical therapy has not been established.