

<b>Case Number:</b>	CM14-0214592		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 patient is a 54 year old employee with date of injury of 2/21/14. Medical records indicate the patient is undergoing treatment for s/p surgical amputation of the distal aspects of the distal phalanxes, long and ring fingers on right hand; residual weakness of the right hand. Subjective complaints include pain in his right 3rd and 4th fingers, particularly when gripping and grasping with his right hand. Objective findings include walking with a normal gait; swelling over volar aspects of right long and ring fingers to include amputation of the distal portions of the distal phalanxes of those fingers. He has tenderness to palpation over the long and ring fingers. Range of motion is within normal limits. Treatment has consisted of 12 sessions of physical therapy, Anaprox and Axid. The utilization review determination was rendered on 12/2/14 recommending non-certification of physical therapy to the right hand 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to The Right Hand 2 Times a Week for 6 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm, Wrist and Hand, Physical Therapy

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG recommends for amputation of a finger 18 visits over 6 weeks and for post-replantation surgery 36 visits over 12 weeks. The treating physician has not documented what functional improvements were made from the patient's prior physical therapy sessions nor did he address the specific needs for additional therapy sessions. As such, the request for physical therapy to the right hand for 2 times a week for 6 weeks is not medically necessary at this time.