

<b>Case Number:</b>	CM15-0000566		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 25 year old male, who sustained an industrial injury on 07/08/2013 during which he suffered crush injuries to the middle and ring fingers of the right hand . The IW had subsequent pain and difficulty with gripping, squeezing or grasping with the affected hand and was diagnosed with open fractures and dislocations of the middle and ring fingers of the right hand with residual ankylosis of the distal interphalangeal joint in extension. Treatment to date has included oral pain medication. The medical documentation submitted was minimal and there was no other documentation of any other treatments that had been received. The primary treating physician's preoperative evaluation on 08/21/2014 noted that the IW was being admitted to the hospital for outpatient fusion of the distal joints of the right middle and ring fingers and would have physical therapy ordered post-surgery. The procedure was performed on 08/22/2014. There was no medical documentation submitted after the 08/22/2014 date of service. On 12/29/2014, Utilization Review non-certified a request for physical and occupational therapy 2x week x 4 weeks for a total of 8 sessions, noting that the IW had been certified for initial post-op PT 2 x a week for 6 weeks for the right hand on 7/22/2014 but that the number of visits completed and the response to treatment was not documented. The MTUS, ACOEM guidelines, or ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical/occupational therapy twice a week right wrist/hand QTY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19-20.

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)"In this case, there is no documentation of efficacy and improvement of pain with previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise.