MAXIMUS Federal Services

| Case Number: | CM15-0009368 | | |
|---|---|---|---|
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/27/2014 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 56 year old female with an industrial injury date of 08/27/2014. She presented on 12/11/2014 with tightness over the MP (metatarsophalangeal) joint. Range of motion of MP joint is 0-70 degrees, PIP (proximal interphalangeal) joint, is 0-80 degrees and DIP (distal interphalangeal joint) is 0-60 degrees. Neurological exam was normal. Diagnosis was left ring finger proximal phalanx fracture, status post reduction and fixation with residual stiffness on 09/12/2014. Prior treatment included x-ray showing fractures on the base of the proximal phalanges of the 4th and 5th fingers, surgery, medications and 20 sessions of physical therapy with good improvement. On 12/22/2014 utilization review non-certified the request for physical therapy 2 times per week for 2 weeks. MTUS, ACOEM and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left ring finger x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114,Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PIP joint intraarticular fracture and/or dislocation at proximal or middle phalanx Page(s): 18-2.

**Decision rationale:** This patient presents with left ring finger pain. The patient is status post open reduction and fixation of left ring finger proximal phalanx fracture from 09/12/2014. The treater is requesting PHYSICAL THERAPY LEFT RING FINGER X4. The RFA dated 12/11/2014 shows a request for physical therapy evaluation and treatment 2 times per week for 2 weeks. The patient's date of injury is from 08/27/2014, and her current work status is modified duty. The MTUS Postsurgical Guidelines page 18 to 20 on PIP joint intraarticular fracture and/or dislocation at proximal or middle phalanx recommends 20 visits over 6 months. The physical therapy visit #7 out of 8 from 10/29/2014 shows that the patient is getting soreness into the left thenar. Improving PIP extension and decreased swelling observed. The physical therapy treatment 8/8 from 10/30/2014 shows minimal improvement with continued stiffness and soreness. The 12/11/2014 progress report shows that the patient has completed 20 sessions of physical therapy with good improvement. The treater notes that the patient is to continue her home exercise program. In this case, the patient has received 20 sessions of postsurgical therapy with benefit and the requested 4 additional visits would exceed MTUS Postsurgical Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and range of motion. The request IS NOT medically necessary.