

<b>Case Number:</b>	CM15-0015026		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Preventive Medicine, Occupational 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:

This 54 year old male sustained a work related injury on 04/18/2011. According to a progress report dated 01/05/2015, the injured worker was last seen 10/2014. At that time additional physical therapy had been recommended. The injured worker had not had the physical therapy since he was last seen. He continued to complain of primarily right hand stiffness and a lack of dexterity. Diagnoses included pain in joint forearm right wrist, carpal tunnel syndrome, joint stiffness OT forearm right wrist and joint stiffness of hand right. Physical examination of the right hand revealed the ring and little fingers lacked a distal palm by 1 centimeter. There were 30 degrees proximal interphalangeal flexion contractures of the ring and little fingers. There was a 20 degree proximal interphalangeal flexion contracture of the middle finger. The index and middle fingers approximated the distal palm. There was normal sensibility in circulation in the hand. There was full thumb motion. Wrist examination revealed dorsiflexion 40 degrees, palmar flexion 40 degrees and no wrist tenderness. According to a progress report dated 10/31/2014, additional therapy was recommended to work on range of motion and progressive splinting in the fingers but the injured worker declined. He felt that he did a better job at home and wanted to continue on a home exercise program. On 01/16/2015, Utilization Review non-certified 12 sessions of hand therapy. According to the Utilization Review physician, the requested 12 sessions of occupational therapy was in excess of guideline recommendations for the injured worker's condition. In addition, the injured worker's objective functional response to the previous 13 sessions of therapy was not submitted for review. There was no indication that a home exercise program could not address the persistent contractures in the proximal

interphalangeal joints of the right hand. No exceptional factors were noted to justify and excessive therapy regimen. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99 Physical Medicine was cited. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 sessions of Hand Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has already had 13 sessions of therapy, and has a home exercise program. The efficacy of prior therapy is not reported. The number of sessions being requested is not consistent with the recommendations of the MTUS Guidelines, and the medical reports do not provide sufficient information to establish medical necessity for additional therapy sessions. The request for 12 sessions of Hand Therapy is determined to not be medically necessary.