

<b>Case Number:</b>	CM15-0114784		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Pennsylvania, Ohio, 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 66 year old female patient who sustained an industrial injury on 12/23/2014. The accident was described as while working she tripped and fell on a file cart with resulting closed dislocation of interphalangeal joint injury. The initial report of illness dated 12/23/2014 reported the patient with subjective complaint of having finger pain. The patient underwent closed reduction, and referred to see a specialist. The initial hand specialist consultation dated 01/15/2015 reported chief complaint of with pain overlying the left ring and small finger PIP joints. She is allergic to Codeine. Current medications are: Lotensin, Celexa, and HCTZ. Objective assessment found the left hand with some mild swelling of the PIP joint. There is slight laxity of the PIP radial collateral ligaments of the ring and small finger. The ulnar collateral ligament, PIP joint and volar palate appears stable. She is status post left ring finger and PIP joint close dislocations with sprain of the radial collateral ligaments. The plan of care involved the patient participating in gentle progressive range of motion exercises with a coban support dressing. The patient may return to a modified work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 12 sessions, 2 times a week for 6 weeks: 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 Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.