

<b>Case Number:</b>	CM15-0033830		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 53 year old male, who sustained an industrial injury on 1/23/2014. The diagnoses have included right trigger finger status post surgery. Treatment to date has included 11 sessions of physical therapy. The Injured Worker is status post trigger finger surgery and reports pain that is unchanged since the prior visit. Objective findings included swelling and decreased range of motion. On 1/27/2015, Utilization Review non-certified a request for 16 additional physical therapy sessions (2x8) for the right hand noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/23/2015, the injured worker submitted an application for IMR for review of 16 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient presents with right trigger finger with swelling. The patient is status post right trigger finger surgery, date unknown. The treater is requesting 16 PHYSICAL THERAPY SESSIONS. The RFA dated 01/20/2015 shows a request for right hand physical therapy two times per week for eight weeks. The patient's date of injury is from 01/23/2014 and he is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy reports from 05/17/2014 to 01/29/2015 show a total of 13 physical therapy visits. The January 22, 2015 physical therapy report show that the patient continues to complain of pain in the right PFP. The rest of the reports were difficult to decipher. In this case, the patient has received some 13 physical therapy visits recently for the right hand. The requested 16 additional physical therapy visits would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength, flexibility, and range of motion. The request IS NOT medically necessary.