

<b>Case Number:</b>	CM15-0063914		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/07/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Hawaii  
 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 49 year old male, who sustained an industrial injury on 12/7/2014. The current diagnoses are status post open reduction with internal fixation left thumb Bennett's fracture, hernia, and bilateral knee pain. According to the progress report dated 3/6/2015, the injured worker complains of pain in his left thumb and hand. He has cumulative trauma injury to both knees as well as abdominal hernia. Treatment to date has included X-rays, thumb brace, range of motion exercises, and surgical intervention. The plan of care includes 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The patient presents with bilateral knee and left thumb pain. The current request is for Additional Physical Therapy 2x6. The treating physician states, "In regards to his knees, he will benefit from a course of physical therapy, if it does not help him, then he will need to have additional diagnostic testing. In regards to his left thumb, he will discontinue use of his thumb brace and start doing range of motion exercises and start his physical therapy." (5B) The treating physician also documents that the patient has not yet started the previously approved physical therapy. The patient is post open reduction internal fixation, left thumb. The MTUS Post-Surgical Treatment Guidelines recommend 16 visits over 8 weeks with a maximum treatment time-frame of 4 months. The MTUS guidelines for physical medicine/occupational therapy recommend 8-10 sessions for myalgia and neuritis type conditions. In this case, the physician has documented that the patient has 8 physical therapy visits approved but the formal request for additional physical does not state which specific body part is to be addressed. If the request is for the post-surgical thumb then the request appears to exceed the Post-Surgical guidelines. If the request is for the knees, then the request exceeds the MTUS guidelines on page 98-99. The current request is not medically necessary and the recommendation is for denial.