

<b>Case Number:</b>	CM15-0182962		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 57 year old male who sustained a work related injury June 9, 2014. While placing a lamp attached to an electric generator, he placed his left hand on the metal stand and a 10,000 Volt charge of electricity coursed from his left hand, along the left side of his body to his left toes and upward to his left shoulder, moving to his right shoulder, followed by a fall without loss of consciousness. He was hospitalized, had his dislocated left index finger, long and ring fingers relocated and splinted. He was later referred to physical therapy for his left hand twice a week for four months and physical therapy for the bilateral shoulders twice a week for three weeks. According to a physicians upper extremity consultation dated August 6, 2015, the injured worker presented with discomfort and weakness in the fingers of his left hand and constant pain in the shoulders, worse on the right. Physical examination revealed; left upper extremity- Tinell's test is negative; elbow flexion causes no peripheral neuritic complaints; sensory to light touch non-focally decreased, abduction and adduction are strong; Finkelstein's negative; superficialis to the fifth finger on the right, able to perform O sign; passive range of motion of the middle finger is limited and painful, no joint swelling, wrist maneuvers are strong. Diagnoses are electrical contact, left upper extremity with apparent residual peripheral neuritis; joint ankylosis of the proximal interphalangeal joint of the middle finger; post-traumatic stress anxiety. Treatment plan included electrodiagnostic studies of the bilateral upper extremities and at issue, a request for authorization for occupational therapy for the left finger. According to utilization review dated August 25, 2015, the request for occupational therapy for the left finger- 12 visits (2 times a week times 6 weeks, is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the left finger -12 visits 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Occupational therapy for the left finger -12 visits 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The request exceeds this recommended number. The documentation indicates that the patient has had extensive prior PT for this condition. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.