

<b>Case Number:</b>	CM15-0177183		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/14/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

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

### 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 40 year old male, who sustained an industrial injury on 5-04-2015. The injured worker was diagnosed as having left index finger avulsion. Treatment to date has included skin graft to left index finger (5-14-2015) and occupational therapy (10 of 12 sessions completed 8-10-2015). Many documents within the submitted medical records were handwritten and difficult to decipher. Currently (per occupational therapy progress report 8-10-2015), the injured worker complains of "soreness after completing exercises last session, but is feeling better today". He had pain at the skin graft site, as well as generalized wrist pain. Pain was rated 5 out of 10 at present, 3 at best and 6 at worst. He "progressed well". His biggest complaint continued to be hypersensitivity over the skin graft. He reported difficulty performing work related activities, such as holding a knife. Range of motion in the left wrist (active) noted extension 30 degrees and flexion 46 degrees (30 and 35 degrees on 7-15-2015). Grip was 7kg (1kg on 7-15-2015). Wrist strength testing noted 4+ of 5 in flexion and extension strength (3+ and 4 on 7-15-2015). Semmes Weinstein to volar digit tips-light touch sensation was 2.83 (normal all digit tips). He was able to progress his home exercise program to include progressive putty. Work status was modified and current medication regimen for pain, if any, was not described. The treatment plan included 12 additional occupational therapy visits, modified to 4 visits by the Utilization Review on 8-18-2015. The rationale for additional therapy was to address his range of motion-strength deficits and provide sensory techniques to eliminate his hypersensitivity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional occupational therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The claimant sustained a work injury in May 2015 when, while working with a slicer he cut off the distal tip of his left index finger. He underwent a full thickness skin graft from the left wrist to the finger on 05/14/15. Treatments after surgery included 12 occupational therapy sessions including compliance with a home exercise program. When seen, he had ongoing sensitivity at the tip of his finger. He had improved with therapy and an additional 12 treatment sessions for desensitization and range of motion were requested. After the surgery performed, guidelines recommend up to 14 visits over 3 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled treatments. The request is not medically necessary.