

<b>Case Number:</b>	CM13-0035447		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35-year-old male who reported an injury on 07/16/2012. The patient reportedly sustained a complex laceration extending from the left elbow to the wrist. The patient is currently diagnosed as status post I&D of complex wound to the left forearm with ulnar nerve repair at the elbow and flexor muscle repair in the forearm. The patient was seen by [REDACTED] on 09/19/2013. The patient reported improving mobility with physical therapy. Physical examination revealed slight stiffness in the left ring and small fingers with mild ulnar clawing, severe ulnar neuropathy below the left elbow, atrophy of the ulnar intrinsic in the left hand, and diminished grip strength on the left. Treatment recommendations included continuation of occupational therapy once per week for the next 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (6 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for ulnar nerve entrapment includes 14 visits over 6 weeks. Postsurgical treatment includes 20 visits over 10 weeks. As per the documentation submitted, the patient is status post repair of the ulnar nerve following laceration on 07/15/2012. The patient has completed an extensive amount of physical therapy. Despite ongoing treatment, the patient continues to demonstrate clawed positioning of the hand, wasting of the intrinsic muscles, limited grip strength, limited pinch strength, and decreased sensation. There is no documentation of a significant functional improvement. Therefore, ongoing treatment cannot be determined as medical appropriate. As such, the request is non-certified.