

<b>Case Number:</b>	CM13-0050579		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 38 year old female who was injured on 05/12/2012 who had a work related injury to her left arm due to a slip and fall. Prior treatment history has included physical therapy, medications and rest. She underwent an open reduction internal fixation on 05/16/2012 with postoperative physical therapy. Diagnostic studies reviewed include EMG/NCV dated 03/29/2013 revealing normal studies. Progress note dated 07/23/2013 documented the patient to have complaints of left arm and forearm pain at 6/10 with numbness and tingling in the hand and forearm. The patient states she has pain at this time of 5/10 in these areas, at worst it is 7/10 and on average 4/10. The activity aggravates it at 7/10 and the frequency 6/10. Objective findings on exam included examination of neck and shoulder showing patient has slight stiffness of posture and movement is slightly stiff and guarded in the left upper extremity. She has no tremors or deformities. Palpation of the neck reveals no tenderness, spasm or trigger points bilaterally. Palpation of the shoulders revealed 0/1+ tenderness, spasms 0/0, extra compression 0/0 and trigger points 0/1+. The range of motion in the neck is: chin to chest full bilaterally. Extension 20 degrees bilaterally, tilt 20 degrees bilaterally and rotation 60 degrees bilaterally. The shoulder range of motion: flexion 180 degrees right and 140 degrees left, abduction 180 right and 120 left, extension 80 right and 60 left, and external rotation 90 right and 70 left. Outlet tests reveal Adson's, hyperextension and pulses all to be normal. Reflexes in biceps, triceps and brachioradialis normal bilaterally. Sensation to light touch, pinprick and proprioception normal on the right and decreased in the left forearm. Motor examination fasciculation is negative. Upper extremity measurements in the arms is 32 right and 28 left; forearms 26 right and 24 left indicating significant atrophy. Muscle testing of deltoids, biceps, wrist extensors, triceps, intrinsic and rotators are 5 on the right and 4 on the left. Diagnoses: 1. Left radial and ulnar comminuted midshaft fracture. 2. Status post open reduction and internal fixation with 2 plates,

multiple screws. 3. Limitation of motion of the left elbow. 4. Weakness of left upper extremity. 5. Anxiety. 6. Insomnia. 7. Probably carpal tunnel syndrome of the left wrist and hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FOREARM AND WRIST CHAPTER

**Decision rationale:** There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. This patient has had surgical ORIF revision (communuted fractures) of the midshaft of ulnar and radial bones with hardware. Atrial of 6 sessions is medically appropriate in conjunction with an active HEP. If there is objective functional improvement additional sessions may be requested if reported.