

<b>Case Number:</b>	CM14-0157032		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with a radial head fracture injury of June 23, 2014. Thus far, the applicant has been treated with analgesic medications; surgical excision of a comminuted radial fracture and radial head implant arthroplasty on July 3, 2014; splinting; and several weeks off of work. In a Utilization Review Report dated September 11, 2014, the claims administrator failed to approve a request for 12-18 sessions of physical therapy for the wrist and hand. In a September 2, 2014 progress note, the applicant stated that therapy was helping her. Her range of motion was apparently improving. The applicant exhibited less swelling about the hand. Full wrist and finger range of motions were noted with limited elbow range of motion noted. The applicant's extension was significantly limited to 30 degrees with flexion to 90 degrees. Additional hand therapy/occupational therapy was sought to assist the applicant in recovering elbow range of motion as well as strength and function. The applicant was returned to modified duty work as a teacher effective September 3, 2014. In a handwritten note dated August 29, 2014, it was noted that the applicant had had 17 sessions of occupational therapy/hand therapy through that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy, 2-3 times a week for 6 weeks, right wrist/hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical / Occupational Therapy Guidelines: Forearm, Wrist and Hand

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While this does result in extension of treatment beyond the 24-session course recommended in Postsurgical Treatment Guidelines, Guidelines following elbow arthroplasty surgery, as apparently transpired here, this recommendation is qualified by commentary in MTUS Postsurgical Treatment Guidelines, Guidelines to the effect that the need for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as the nature, number, and complexity of the surgical procedures as well as an applicant's essential work functions. In this case, the applicant underwent a fairly advanced procedure involving the injured elbow, a radial head implant arthroplasty and excision of a comminuted, displaced intra-articular radial head fracture procedure, on July 3, 2014. The applicant is a teacher. The applicant is right-handed. The applicant's job likely requires writing on the blackboard and extensive usage of the injured right elbow/right hand/right upper extremity. The applicant has demonstrated treatment success with earlier treatment as evinced by improving strength, improving range of motion, and reported return to modified work. Therefore, the request is medically necessary.