

<b>Case Number:</b>	CM14-0184958		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine & Rehabilitation, 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:

This patient sustained an injury on 11/9/12 to the left wrist with comminuted fracture s/p surgery on same day of injury while employed by [REDACTED]. Request(s) under consideration include Post-operative Occupational Therapy two times a week for six weeks for the left forearm. Report of 7/28/14 noted patient with diagnoses of left ulnar neuropathy s/p ORIF of left distal radius; stiff left shoulder s/p open Bankart repair (undated). The patient noted continued left shoulder and wrist pain rated at 3-4/10 with associated numbness and tingling of left ring and little fingers. Exam showed well-healed surgical incision of left wrist non-tender; transverse incision over ulnar distal forearm with obvious binding scar; positive Tinel's to 4th and 5th digits; left wrist with full range without tenderness; non-tender distal radius and ulnar head with 20 mm 2-point discrimination in 4th and 5th digits; minimal weakness with excellent intrinsic strength; left shoulder with stiffness and well-healed surgical incision with flex/abd/ER of 120/120/40 degrees; non-tender clavicle, AC joint, and scapula. Request for axillary block for exploration of laceration of ulnar nerve with PT 2x4 and medications. Report of 9/16/14 from the provider noted the patient was 2 weeks s/p ulnar nerve forearm surgery; currently treating left shoulder injury with recent approval for 8 sessions of PT with completion of 3 visits. Exam showed intact motor strength and sensation of the forearm, doing well after surgery; minimal weakness on left side with increased 2 point discrimination; shoulder has ongoing stiffness. Treatment plan was to continue OT x12 to left forearm noting recent surgical intervention and therapy were appropriate. The request(s) for Post-operative Occupational Therapy two times a week for six weeks for the left forearm was modified for 8 sessions on 10/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Occupational Therapy two times a week for six weeks for the left forearm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Disability Duration

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 and 99.

**Decision rationale:** This patient sustained an injury on 11/9/12 to the left wrist with comminuted fracture s/p surgery on same day of injury while employed by [REDACTED]. Request(s) under consideration include Post-operative Occupational Therapy two times a week for six weeks for the left forearm. Report of 5/5/14 noted plan for ulnar nerve exploration with possible grafting. OT request for 12 sessions was modified for 10. There is illegible report of 6/16/14 noting patient s/p radial fracture and ulnar neuropathy s/p 10 OT sessions for forearm with an additional 8 PT visits for left shoulder. Report of 7/28/14 noted patient with diagnoses of left ulnar neuropathy s/p ORIF of left distal radius; stiff left shoulder s/p open Bankart repair (undated). Request for axillary block for exploration of laceration of ulnar nerve with PT 2x4 and medications. Report of 9/16/14 from the provider noted the patient was 2 weeks s/p ulnar nerve forearm surgery; currently treating left shoulder injury with recent approval for 8 sessions of PT with completion of 3 visits. Treatment plan was to continue OT x12 to left forearm noting recent surgical intervention and therapy were appropriate. The request(s) for Post-operative Occupational Therapy two times a week for six weeks for the left forearm was modified for 8 sessions on 10/15/14. There is occupational therapy report of 10/30/14 noting patient s/p left forearm ulnar nerve exploration/decompression on 9/2/14; with exam findings of good wrist range of 0-55 degrees; supination of 0/75 and illegible pronation of 0/80 with plan for ultrasound, cold/heat modalities, soft tissue mobilization and AROM/PROM and home exercise program. Report of 10/14/14 from the provider noted patient s/p 6 weeks exploration of partial laceration of ulnar nerve of distal left forearm; still with left hip and knee pain; restarting therapy to shoulders since last therapist quit; pain left described as 3-4/10 with numbness/tingling in left ring and little fingers. Exam of wrist with slight swelling and tenderness; dorsiflexion/palmar flexion of 50/60 degrees; non tender distal radius with 20mm 2-point discrimination; excellent intrinsic strength; left shoulder range of flex/abd/ER/IR of 150/120/40 degrees and to L5 without tenderness. Plan for continued therapy. The patient's left ORIF for radial fracture was in November 2012 with ulnar exploration surgery over 3 months ago, beyond the post-surgical rehabilitation period. Chronic symptoms persistent with unchanged clinical findings of slight tenderness and minimal weakness. The patient had 10 OT visits with recent additional 8 sessions authorized, beyond guidelines recommendation for ulnar nerve exploration. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received OT visits, exceeding the recommended post-surgical quantity and physical medicine treatment duration from surgery above. The additional modified 8 visits should solidify the home program instructions already

accomplished previously in formal PT. There is no report of acute flare-up or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Post-operative Occupational Therapy two times a week for six weeks for the left forearm is not medically necessary and appropriate.