

<b>Case Number:</b>	CM14-0088963		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/31/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Orthopedic Surgery 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 east 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 claimant is a 57-year-old gentleman who sustained a left proximal humeral fracture on 12/31/13. The medical records provided for review documented that the claimant underwent open reduction and internal fixation of the fracture on 01/06/14. Postoperatively, the claimant was treated with occupational therapy. The follow up visit of 03/12/14 noted that the claimant still had complaints of pain. It was documented that plain film radiographs showed adequate position of the hardware. The treating physician documented concern regarding the proximal hardware impinging on the joint. There was restricted motion to only 80 degrees of forward flexion and 68 degrees of abduction. The recommendation for hardware removal with manipulation under anesthesia was made. According to the records, the claimant has had 12 sessions of formal physical therapy to date. This review is for eight postoperative sessions of occupational therapy.

### 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 Four Weeks Left Shoulder:**  
Overturned

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

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

**Decision rationale:** According to the records provided for review, the claimant has not yet satisfied guideline criteria for postoperative therapy following surgical repair of his fracture of the humerus. The Postsurgical Rehabilitative Guidelines recommend up to 24 visits of therapy. It is unclear as to whether or not surgical process in the form of hardware removal and manipulation has taken place. Eight occupational therapy sessions as requested at the last clinical visit would be medically necessary based on the documentation of the claimant's restricted range of motion. Based on California MTUS Postsurgical Rehabilitative Guidelines, the request is recommended as medically necessary.