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| <b>Case Number:</b>   | CM14-0093062 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 02/24/2014 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2014 |

### 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 Family 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 injured worker is a 51 year old male who was injured on 02/24/14 when he tripped and fell, putting his left hand down to break his fall. The injured worker experienced a sudden onset of severe pain and was diagnosed with a displaced ulna and radius fracture. The injured worker is status post ORIF of the left distal radius fracture performed on 02/27/14. Records indicate postsurgical treatment for the left wrist has included approximately 16 sessions of hand therapy. Clinical note dated 06/03/14 notes the claimant has been attending hand therapy regularly and notes the injured worker complains of weakness and stiffness. Examination reveals mild swelling, tenderness to palpation over the distal ulna, discomfort and weakness with pronosupination, normal neurovascular exam and intact sensation. The claimant is noted to demonstrate 60 flexion and extension, 20 radial deviation, 30 ulnar deviation, 80 pronation and 80 supination. The treatment plan included in this note indicates the injured worker is to continue hand therapy and specifies the injured worker would work with the restriction of "no lifting over 5 lbs" with the left hand. It is noted the injured worker is able to return to work. A request for additional occupational therapy/hand therapy is submitted and is subsequently denied by Utilization Review dated 06/05/14. Most recent clinical note dated 07/01/14 indicates the injured worker is to continue participating in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Occupational Therapy 2-3 times week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The request for additional postoperative occupational therapy 2-3 times per week for 4 weeks is not recommended as medically necessary. MTUS Postsurgical Medical Treatment Guidelines state the postsurgical physical medicine treatment period for fracture of the radius/ulna is 4 months. The injured worker underwent ORIF of a left radius/ulna fracture on 02/24/14. As the injured worker is beyond this postsurgical time frame, the MTUS Chronic Pain Medical Treatment Guidelines apply. These 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." Records indicate the injured worker has participated in approximately 16 sessions of postsurgical occupational therapy/hand therapy to date. As a result, the injured worker demonstrates nearly full ROM(Range of Motion) of left wrist. Recent physical examinations do not reveal persisting functional deficits warranting further treatment. Moreover, records indicate the injured worker has been instructed to participate in a home exercise program. Records do not reveal barriers which would prevent the injured worker from participating in a home exercise program. Based on the clinical information provided, medical necessity of additional postoperative occupational therapy 2-3 times per week for 4 weeks is not medically necessary.