

Case Number:	CM13-0025355		
Date Assigned:	02/07/2014	Date of Injury:	02/21/2013
Decision Date:	04/02/2015	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 48-year-old male reported a work-related injury on 02/21/2013. According to the operative report from the treating provider dated 3/5/13, the injured worker (IW) underwent right ulnar nerve primary repair with nerve tube due to a deep wrist laceration. The EMG/NCS performed on 3/26/13 shows severe injury to the ulnar nerve with minimal motor response. Previous treatments were not included in the documentation. The treating provider requests 12 additional occupational therapy sessions twice weekly for six weeks for the right wrist. The Utilization Review on 08/23/2013 non-certified the request for 12 additional occupational therapy sessions twice weekly for six weeks for the right wrist. References cited were CA MTUS and Official Disability Guidelines. The RFA was dated 8/19/13. Electrodiagnostic studies interpretation dated 8/7/13 noted no major difference as compared to prior to surgery, except an increase in conduction velocity to the Abductor Digiti Minimi. There has likely been some healing, but there continues to be a significant amount of ulnar nerve denervation. Following his ulnar nerve repair he was noted to exhibit clawing, muscle atrophy and intrinsic weakness. He had undergone E-stim as well as occupational therapy. Documentation from 9/3/13 noted that the patient still exhibited severe ulnar nerve injury with clawing. Recommendation was made to continue occupational therapy to prevent further clawing as well as keep the muscles toned, while awaiting further recovery from a significant injury. Of note, EMG/NCV studies showed some improved numbers with respect to the ulnar nerve. Activity restrictions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 2X6 RIGHT WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The patient is a 48 year old who had a severe injury with transection of the ulnar nerve that was repaired in March of 2013. Following this injury, he underwent typical follow-up evaluations and therapy. At 5 months after the surgery, he was noted to continue to have a severe neurologic injury with evidence of a ulnar nerve sensory/motor palsy distal to the wrist. Electrodiagnostic studies showed possible improvement, but overall still had a dense denervation of the ulnar nerve(which can be expected). This is not the normal case of ulnar nerve entrapment. This is ulnar nerve transection with repair and recovery can be extensive with final results not likely until 1 or 2 years. With respect to continued occupational therapy, the requesting surgeon was correct in trying to preserve existing range-of-motion while awaiting nerve recovery. This should not be left up to a home exercise program. This is a case of preserving function temporarily. The incorrect post-surgical treatment guideline was used by the UR. Ulnar nerve entrapment guidelines were used and not nerve repair guidelines. Although the same number of visits is recommended, the treatment period is longer with nerve repair. Nerve Repair: Elbow Wrist [DWC], Postsurgical treatment: 20 visits over 6 weeks. Postsurgical physical medicine treatment period: 8 months. Thus, based on the severity of the injury and that recovery can extend over a long period of time, further physical therapy should be considered medically necessary. The patient is within the overall treatment period and appears to have been compliant with follow-up and therapy. There may be some improvement noted in electrodiagnostic studies. Thus, preserving existing function is critical while awaiting return of function. This should not be left up to the patient with a home exercise program. Further physical therapy should be considered medically necessary.