

<b>Case Number:</b>	CM14-0200430		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 31 year old patient with date of injury of 07/08/2014. Medical records indicate the patient is undergoing treatment for right open fracture of the radius and/or ulna. Subjective complaints include occasional numbness and tingling in the first dorsal web space, getting stronger while using the hand as much as possible. Objective findings include surgical and traumatic wounds are well healed. The middorsal forearm is focally tender to palpation. There is a positive Tinel's in the area of the superficial radial nerve as it exists on the dorsal aspect of the forearm. The EPL and FPL tendons are intact including motor and sensory intact to radial, median and ulnar nerve distributions of the hand including first dorsal web space. The patient has 2+ radial pulse is able to supinate 20 and pronate to 30. Full flexion and extension of the elbow is noted. This wrist is able to dorsiflex 60 and palmar flex to 45. X-ray post-surgical shows interval healing of both bones forearm fracture with still a bone gap noted on the radius as well as the ulnar neck section. Treatment has consisted of surgical repair for open forearm fracture, occupational therapy and Ibuprofen. The utilization review determination was rendered on 10/29/2014 recommending non-certification of 12 Sessions of Occupational Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Occupational Therapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand.

**Decision rationale:** The MTUS and the ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical therapy. More visits may be necessary when grip strength is a problem, even if range of motion is improved." The MTUS Post-surgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period". Although medical documentation provided indicates that this patient has attended a number therapy sessions in excess of the guidelines recommended treatments. However, the injury sustained was noted to be "devastating and complex". The radiology reports provided indicate this patient still has not healed. The patient has shown improvement with therapy, but continues to have decreased grip/pinch strength which guidelines note are a cause for additional visits. The patient is clearly benefiting from the additional therapy. As such, the request for 12 Sessions of Occupational Therapy is medically necessary.