

<b>Case Number:</b>	CM15-0163223		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/09/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 28-year-old who has filed a claim for finger pain reportedly associated with an industrial injury of March 9, 2015. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for 12 sessions of postoperative occupational therapy for the left forearm. On August 5, 2015 date of service and an associated RFA form of August 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an operative report dated March 9, 2015, it was stated that the applicant underwent an ORIF of the radius and ulna, fixation of a butterfly fragment involving the radius, and an incision and drainage of a superficial finger laceration. On August 5, 2015, the claimant stated that lifting remained problematic and painful. The claimant reportedly quit smoking two months prior, was using a bone stimulator, was working with pain management, and stated that he was able to do activities of daily living with his left hand, while noting it was difficult for him to put on his socks and perform heavy lifting articles. A weak grip strength about the digits was appreciated. The claimant's range of motion was substantially improved. Additional occupational therapy was sought. Somewhat incongruously, the attending provider stated that the applicant was unable to resume working because of his substantive improvement. The attending provider maintained that the claimant had some deficits, including grip strength deficits. The claimant was severely obese, with a BMI of 45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, left forearm (sessions) QTY: 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

**Decision rationale:** Yes, the request for 12 sessions of occupational therapy for the forearm was medically necessary, medically appropriate, and indicated here. The MTUS Postsurgical Treatment Guidelines support a general course of 26 sessions of postoperative physical therapy during the six months after tendon transfer/tendon repair surgery, as seemingly transpired here, on March 9, 2015. The applicant was, it was incidentally noted, outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier radial and ulnar ORIF surgery on March 9, 2015. MTUS 9792.24.3.c3 stipulates that physical medicine treatment may be continued through the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the August 5, 2015 progress note did suggest that the claimant's trajectory was favorable. The claimant's range of motion was in the near-normal range, it was reported on that date. Diminished grip strength, however, was still evident. The claimant had failed to return to work, it was acknowledged on that date. MTUS 9792.24.3.c2 further stipulates that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as nature, number, and complexity of surgical procedures undertaken, presence of comorbidities, and an applicant's specific work functions, etc. Here, the applicant was severely obese, with a BMI of 44, was a smoker, had issues with a bony nonunion, underwent multiple procedures and apparently required usage of a bone growth stimulator it was reported on August 5, 2015. Additional treatment on the order of that proposed was indicated to ameliorate the claimant's residual deficits. Therefore, the request is medically necessary.