

<b>Case Number:</b>	CM15-0195822		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/23/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Illinois

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 injured worker is a 35 year old female, who sustained an industrial injury on 5-23-15. The injured worker has been diagnosed of left forearm laceration S/P exploration left forearm, tenolysis, flexor wad, repair lateral antebrachial cutaneous nerve and flair flexor carpi radialis. Treatment to date has included surgical repair of left forearm laceration, on 06/29/2015; oral medications including Naproxen, physical therapy (without documentation of improvement or number of sessions completed), home exercise program and activity modifications. On 7-28-15 the injured worker reported slight improvement in elbow range of motion with no improvement in numbness of forearm and on 8-28-15, the injured worker reports no further episodes of drainage from laceration site, continued pain with gripping activities and continued numbness. Work status is modified duty. Physical exam performed on 7-28-15 and 8-28-15 revealed slightly limited left elbow extension, diminished sensation over lateral aspect of left forearm and discomfort with finger flexion. The treatment plan included request for 6 physical therapy visits over 3 weeks and (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of right upper extremity. On 9-8-15 request for 6 additional physical therapy visits and (EMG) Electromyogram-(NCV) Nerve Condition Velocity of asymptomatic right upper extremity was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 additional sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The injured worker sustained a work related injury on 5-23-15. The medical records provided indicate the diagnosis of left forearm laceration S/P exploration left forearm, tenolysis, flexor wad, repair lateral antebrachial cutaneous nerve and flair flexor carpi radialis. Treatment to date has included surgical repair of left forearm laceration, on 06/29/2015; oral medications including Naproxen, physical therapy (without documentation of improvement or number of sessions completed), home exercise program and activity modifications. The medical records provided for review do not indicate a medical necessity for Physical therapy 6 additional sessions. According to the utilization reviewer report, the injured worker has been approved for 14 physical therapy visits; she cancelled one visits, did not show up in another visits, and she has 4 visits outstanding. While the documents from her treating provider do not explain the functional improvement she has made with the physical therapy, the records indicate lack of advancement in her activity restrictions. The MTUS recommends the employee/patient assume certain responsibilities, including adherence to exercise and medication regimens, keep appointments. The records indicate she cancelled an appointment and did not show up in another appointment. Also, the records indicate there has been no functional improvement despite the use of physical therapy. The MTUS defines functional improvement based on improvement in activities of daily living, or reduction in activities of daily living, or decreasing dependence on treatment. The request is not medically necessary. The MTUS postsurgical guidelines recommends as follows: Median Nerve Repair: Forearm Wrist [DWC]: Postsurgical treatment: 20 visits over 6 weeks. Postsurgical physical medicine treatment period: 6 months. Flexor tendon repair or tenolysis Zone 2 and other than Zone 2 [DWC]: Postsurgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months. Postsurgical physical medicine treatment period: 8 months. Postsurgical treatment: Other than Zone 2: 20 visits over 3 months. Postsurgical physical medicine treatment period: 6 months Flexor tenosynovectomy [DWC]: Postsurgical treatment: 14 visits over 3 months. Postsurgical physical medicine treatment period: 6 months Flexor tendon repair (forearm) [DWC]: Postsurgical treatment: 12 visits over 4 months. Postsurgical physical medicine treatment period: 6 months.

**EMG (Electromyography)/NCV (Nerve Conduction Velocity) right bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The injured worker sustained a work related injury on 5-23-15. The medical records provided indicate the diagnosis of left forearm laceration S/P exploration left forearm, tenolysis, flexor wad, repair lateral antebrachial cutaneous nerve and flair flexor carpi radialis. Treatment to date has included surgical repair of left forearm laceration, on 06/29/2015; oral medications including Naproxen, physical therapy (without documentation of improvement or number of sessions completed), home exercise program and activity modifications. The medical records provided for review do not indicate a medical necessity for EMG (Electromyography)/ NCV (Nerve Conduction Velocity) right bilateral upper extremities. The affected part of the body is the left forearm, but the request if for both forearms. The recommends electrical studies in cases of peripheral nerve impingement that has not healed within six weeks. However, the MTUS recommends that the management of the injured worker be based on information from thorough history, thorough physical and review of medical records. Therefore, considering that it was only the left forearm that was injured, it is not medically necessary to do a nerve test on both forearms.