

<b>Case Number:</b>	CM14-0121357		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of April 1, 2008. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier ulnar osteotomy procedure of February 4, 2014; and 23-24 sessions of postoperative occupational therapy, per the claims administration. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for 12 additional sessions of occupational therapy, stating that the patient did not have significant residual deficits to compel such a lengthy course of treatment. The patient's attorney subsequently appealed. On January 28, 2014, the patient underwent a left forearm ulnar non-union excision procedure and harvesting and placement of left iliac crest bicortical bone graft to the left ulnar non-union site with removal of previously implanted left forearm ulnar screw. In a progress note dated February 4, 2014, the patient was placed off of work, on total temporary disability. The splint was apparently removed. The attending provider stated that the patient needed a bone growth stimulator and might be a candidate for further surgical intervention. On June 11, 2014, the patient was described as four and half months from his last surgery. The patient had no residual complaints of pain, it was stated. The patient did have good range of motion about the wrist and elbows in some planes but limited range of motion in other planes. X-rays of the left forearm revealed that the previous non-union was now apparently demonstrating some increasing evidence of union and bone formation. The patient was placed off of work. Additional physical therapy was sought. On August 13, 2014, the attending provider appealed the decision to deny earlier occupational therapy. It was stated that the patient had regained considerable range of motion following earlier treatment but did not have full strength. It was again noted that the patient had undergone a very complicated procedure

involving the upper extremity. Additional therapy was sought. The patient was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational therapy 2 times a week for 6 weeks (left wrist):** Overturned

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

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

**Decision rationale:** MTUS 9792.24.3.a.3 establishes a six-month postsurgical physical medicine period for all surgeries not covered by the guidelines. In this case, the ulnar osteotomy shortening surgery and excision of earlier non-union and bone graft procedure performed on January 20, 2014 is not a surgery which is encapsulated in the guideline. The applicant, thus, was within the six-month postsurgical physical medicine treatment period, as of the date additional physical therapy was sought, July 9, 2014. As further noted in MTUS 9792.24.3.c.2, the medical necessity for postsurgical physical medicine treatment for any condition is dependent on applicant-specific factors such as medical comorbidities, prior pathology and/or surgery involving the same body part, and/or the complexity of surgical procedures undertaken. In this case, the applicant had apparently undergone several prior surgeries involving the injured wrist and forearm. The January 28, 2014 procedure represented an ulnar shortening osteotomy procedure, excision of previous non-union, and removal of screws associated with the prior surgical procedure. As suggested by the attending provider, the applicant had a variety of strength deficits appreciated on and around the date in question. Functionally, the applicant had failed to return to work, reportedly a function of residual weakness appreciated on and around the date of the Utilization Review Report. Additional treatment was indicated, given the complexity of the procedure undertaken and the fact that it represented a repeat procedure following a previously failed surgery at the same site. Therefore, the request is medically necessary.