

<b>Case Number:</b>	CM14-0097021		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Orthopaedic Surgery 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:

This 40-year-old male deputy sheriff sustained an industrial injury on 12/12/12. Injury to the right wrist and forearm occurred while loading the trunk of a patrol unit. He was diagnosed with a scapholunate fracture. He underwent right scapholunate debridement and pinning with triangular fibrocartilage complex debridement. The patient was status post right ulnar nerve decompression at the right elbow and a medial epicondylectomy on 2/28/14. The 5/1/14 treating physician report indicated the patient had some soreness in the right proximal volar-ulnar palm area, occasional right wrist discomfort with extension, and some medial elbow soreness. He denied numbness and tingling of the right hand. Physical exam documented full range of motion of the right elbow, wrist, and digits. There was mild tenderness at the medial right elbow surgical site, and intact sensory and motor exam. Grip strength was 90 pounds right and 100 pounds left. DASH functional inventory score was 20. The treatment plan recommended continued therapy 3x4. The 5/16/14 occupational therapy report documented completion of 23/24 visits. DASH score was 15. There was residual 4+/5 weakness in right hand strength and essentially full range of motion. The 5/28/14 utilization review partially certified the request for 12 additional post-op occupational therapy visits to 8 more sessions consistent with post-surgical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-op OT x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17-18.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of ulnar nerve decompression and medial epicondylectomy suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. 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 postsurgical physical medicine period. Guideline criteria have not been met. The patient had completed the general post-surgical recommended course of therapy. The 5/28/14 utilization review recommended partial certification of 8 additional post-op occupational therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional supervised care versus an independent program for further rehabilitation. Therefore, this request is not medically necessary.