

<b>Case Number:</b>	CM14-0149395		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 61-year-old male with a reported injury on 04/01/2008. The mechanism of injury was not provided. The injured worker's diagnoses included status post left forearm ulnar shortening osteotomy with nonunion. The injured worker's previous treatments included a bone growth stimulator, postoperative therapy sessions including at least 11 sessions of occupational therapy as of 06/11/2014, a splint, a cast, a short arm brace, and a home exercise program. The injured worker's diagnostic testing has included several postsurgical x-rays showing increasing evidence of union and bone formation, good plate and screw formation, still an ulnar negative variance. The injured worker's surgical history included an excision of the left forearm ulnar nonunion, harvesting and placement of iliac graft to nonunion site, and removal of left forearm ulna lag screws on 01/28/2014. The injured worker was evaluated on 08/13/2014 where he reported that he felt good but still had some mild burning along the wrist joint. The clinician observed and reported no pain with range of motion and a left wrist x-ray showed ulnar healing. No medication list was provided. The request was for occupational therapy 12 sessions for the left wrist. The rationale was for the treatment of left ulnar nonunion with bone graft. The Request for Authorization form was dated 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy; 12 sessions for the left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The request for occupational therapy; 12 sessions for the left wrist is not medically necessary. The injured worker denied pain with range of motion. The California MTUS Postsurgical Treatment Guidelines for fracture of the radius/ulna recommend 16 postsurgical physical medicine treatments over 8 weeks with the postsurgical physical medicine treatment period being 4 months. In a letter dated 08/13/2014, the clinician indicates that the injured worker's case is unique and special with a very long history of multiple surgeries to his bilateral upper extremities. Particularly, he has undergone a very complicated procedure that required a complicated postoperative rehabilitation program. As such, the injured worker received 24 postoperative physical therapy sessions which exceeded the recommended 16 visits. Given that the injured worker denied pain with range of motion, there was documentation of the strengthening with therapy already provided, and no documentation of functional deficits that cannot be addressed with a self-directed home exercise program, the request for occupational therapy; 12 sessions for the left wrist is not medically necessary.