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| <b>Case Number:</b>   | CM13-0028130 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 02/26/1998 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 09/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 02/26/1998. The mechanism of injury was not specifically stated. The patient is currently status post removal of deep retained hardware of the left forearm on 06/14/2013 by [REDACTED]. The patient was seen by [REDACTED] on 08/05/2013. The patient was 6 weeks status post hardware removal. Physical examination revealed a well-healing incision. The patient had recently begun a course of postoperative physical therapy. Treatment recommendations included a follow-up visit in 4 weeks for x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT FOREARM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 19-22.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for this specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical

treatment following fracture of the radius or ulna in the forearm includes 16 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. It is also noted that the patient has begun a course of physical therapy. Documentation of the previous course of treatment was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.