

<b>Case Number:</b>	CM13-0038311		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 41 year old female injured on 06/14/12 when one of the cans she was working with exploded and she sustained a laceration on the right upper extremity. The clinical note dated 09/25/13 indicates the patient complains of moderate to severe sharp, stabbing, radiating pain in the right elbow rated at 3-4/10. The patient also complains of residual sharp, stabbing pain in the right forearm rated at 6/10. The patient also complains of headaches rated at 6-7/10. Examination of the right elbow reveals tenderness over the lateral epicondyle and brachial radialis muscle, limited range of motion in the right elbow, and positive Cozen's sign. Examination of the right forearm shows well-healed lacerations at the dorsal aspect of the forearm, grade 2+ tenderness over the extensor and brachial radialis muscle. There is decreased grip strength in the right hand and decreased motor strength in the right upper extremity. The documentation indicates the patient has associated numbness that is aggravated with gripping, grasping, reaching, pulling, lifting, and activities of daily living. The documentation indicates the patient has undergone 24 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right forearm (8 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, physical therapy is recommended in cases of Myalgia and myositis, neuralgia, neuritis, and radiculitis, Reflex sympathetic dystrophy (CRPS). The patient was being treated for pain to the arm following a laceration. The patient has attended 24 physical therapy sessions to date. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. It appears that the patient has had sufficient formal supervised therapy and should be capable of continuing to improve with an independent self-directed home exercise program. The medical necessity of the additional physical therapy for forearm cannot be established at this time.