

<b>Case Number:</b>	CM14-0070838		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 66-year-old female who sustained an industrial injury on 11/15/2011. The mechanism of injury was not provided for review. Her diagnosis is right forearm pain status post right radial tunnel decompression and common extensor release on 08/16/2013. She continues to complain of right wrist pain. On exam there is tenderness in the right proximal forearm extensors and pain in the wrist with extension against resistance. Treatment in addition to surgery has included medical therapy, physical therapy, and a TENS unit. The treating provider has requested additional physical therapy times 5 for the right forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy times 5 for the Right Forearm.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy for Forearm pain.

**Decision rationale:** The recommendation per ODG for physical therapy for forearm pain is 9 visits over 8 weeks for medical treatment of forearm pain and 8 visits over 5 weeks for medical treatment. The injury occurred on 11/15/11 and the claimant underwent right radial tunnel decompression and common extensor release on 08/16/2013. She was approved for 12 sessions of physical therapy for the right forearm on 10/11/2013 and another 12 sessions on 03/14/2013; however, there are no submitted physical therapy reports which outline functional and objective improvement to warrant additional treatment. There is no clear indication that the claimant needs additional sessions of physical therapy, as she has already exceeded the recommended visits per the guidelines. Medical necessity for the requested service is not established. The requested service is not medically necessary.