

<b>Case Number:</b>	CM15-0207734		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/15/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female who sustained an industrial injury on 7-15-2015. A review of medical records indicates the injured worker is being treated for cervical strain, lumbar strain, and tendinitis of the right shoulder. Medical records dated 8-17-2015 noted continued pain to the right forearm mid part. Physical examination noted tender mild forearm pain with extension right wrist. Treatment has included Flexeril and medical imaging. MRI of the right forearm dated 8-25-2015 revealed question of contusion type signal changes seen within the supinator muscle elevated T1 and STIR signal which are relatively subtle findings. Otherwise remarkable study. Treatment has included medications, therapy, and rest/off work. Utilization review form dated 9-30-2015 noncertified physical therapy right forearm 2 x a week x 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right forearm, 2 times weekly for 6 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that should have been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further 12 sessions of physical therapy beyond guidelines recommendation without extenuating circumstances, red-flag conditions, or comorbidities when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, right forearm, 2 times weekly for 6 weeks, 12 sessions is not medically necessary and appropriate.