

<b>Case Number:</b>	CM15-0132948		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old male with a March 18, 2015 date of injury. A progress note dated April 29, 2015 documents subjective complaints (constant upper back, mid back, low back, chest, bilateral shoulder, upper arm, wrist, hand, left leg, and left knee pain; pain associated with numbness and tingling; constant right forearm pain rated at a level of 2/10 while resting and 5/10 with activities; pain is associated with numbness; pain radiates to the right hand), objective findings (decreased sensation in the radial nerve distribution on the right; patchy numbness over the right elbow; decreased flexion of the left elbow; slight tenderness noted around the dog bite wounds of the left knee), and current diagnoses (bilateral forearm pain; left leg pain). Treatments to date have included psychological evaluation and medications. The treating physician documented a plan of care that included physical therapy for the bilateral arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 4 weeks for left arm, right arm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation - Online Edition, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), physical therapy (2) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in March 2015 and is being treated for injuries sustained when he was bitten on the right forearm and left knee by a dog. When seen, he was having pain throughout his back, both shoulders, upper arm, wrist, hand, left leg, and left knee. He was having constant right forearm pain. There was decreased right radial nerve distribution sensation with normal strength. There was decreased left elbow range of motion. There was decreased knee range of motion bilaterally. Authorization for 12 sessions of physical therapy was requested. Guidelines recommend up to 9 therapy sessions over 8 weeks for each of these conditions. Concurrent care would not be expected. The number of treatments being requested is within the guideline recommendation and can be considered medically necessary. The request is medically necessary.