

<b>Case Number:</b>	CM15-0096669		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	03/09/2006
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 60 year old male with a March 9, 2006 date of injury. An Agreed Medical Examination dated October 3, 2014 documents subjective findings (right sided neck pain; sleep difficulties; left shoulder doing well), objective findings (mildly tender to palpation in the right trapezial region; decreased range of motion of the neck; left shoulder impingement; decreased range of motion of the left shoulder; decreased left grip strength; signs of moderate thenar atrophy on the left; multiple skin grafts noted about the left arm), and current diagnoses (status post treatment for severe degloving vascular injury of the left upper extremity; status post brachial artery reconstruction; status post multiple skin grafts and debridements, left upper extremity; cervical spine strain). Treatments to date have included brachial artery reconstruction, shoulder surgery, decompression of the radial and median nerves of the left upper extremity, hand therapy, physical therapy, and diagnostic testing. The treating physician requested authorization for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a severe left upper extremity degloving related injury in March 2006 and has undergone multiple surgeries for contracture and scarring, most recently in December 2013. When seen, there was decreased neck and left upper extremity range of motion with weakness. Authorization for physical therapy was requested. The claimant is being treated for chronic pain without new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish or revise a home exercise program which would best meet this claimant's needs. The request is not medically necessary.