

<b>Case Number:</b>	CM13-0064149		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Family Practice, 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 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 patient is a 37-year-old male who reported an injury on 03/12/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with neck pain, cervicobrachial syndrome, and pain in a joint of the shoulder. The patient was seen by [REDACTED] on 11/11/2013. The patient reported 7/10 pain. Physical examination revealed limited range of motion of the cervical spine. Treatment recommendations included 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times (12) for bilateral elbow and below:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. As per the

documentation submitted, there was no physical examination of bilateral elbows provided on the requesting date of 11/11/2013. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.