

<b>Case Number:</b>	CM14-0146429		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 39 year old male with an injury date of 07/25/08. Based on the 06/16/14 progress report provided by [REDACTED] the patient complains of low back, right elbow and right shoulder pain. Physical examination reveals a well-healed surgical scar present at lateral elbow, with tenderness of the extensor origin below the lateral epicondyle. There is tenderness to palpation to left paralumbar area. Range of motion to lumbar spine is flexion 70 degrees and extension 20 degrees. Patient's medications include Relafen, Prilosec and Terocin patch. Patient is temporarily totally disabled. Patient received physical therapy post-operatively following right elbow surgery to repair torn tendon in September 2009. No documentation of recent physical therapy. Progress report dated 08/18/14 states Norco was added to patient's prescriptions. Diagnosis 06/16/14- tendinosis right shoulder- status post extensor repair of right elbow with residual tendinitis, September 2009- lumbar strain with lumbar disc bulge and grade I listhesis of L5-S1 Diagnosis 08/18/14- tendinitis shoulder calcification- pain in limb- sprain/strain lumbosacral [REDACTED]. [REDACTED] is requesting Decision for Physical Therapy Sessions for Right Elbow and Lumbar Spine (2 x 4). The utilization review determination being challenged is dated 08/21/14. The rationale is "there is no discernible information to determine medical necessity." [REDACTED]. [REDACTED] is the requesting provider, and he provided treatment reports from 06/16/14 - 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Sessions for Right Elbow and Lumbar Spine (2x4): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Patient presents with low back, right shoulder and right elbow pain. The request is for Decision for Physical Therapy Sessions for Right Elbow and Lumbar Spine (2 x 4). Diagnosis includes lumbosacral sprain/strain and status post right elbow surgery with residual tendinitis. California Medical Treatment Utilization Schedule (MTUS) guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the treater has asked for 8 total sessions of physical therapy. Review of reports do not document recent physical therapy sessions. Per progress report 08/18/14, Norco was added to patient's prescription due to increased pain. A short course of therapy seems reasonable given current diagnosis and symptoms. Treatment is not medically necessary and appropriate.