

<b>Case Number:</b>	CM14-0020052		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 36-year-old male who reported an injury on 08/01/2012. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with continuous low back pain, muscle spasm, and difficulty sleeping due to back pain. Upon examination, there was decreased lumbar range of motion and tenderness to palpation over the lumbar paraspinal muscles. The diagnosis were lumbosacral and thoracic neuritis or radiculitis and myofascial pain. Prior treatment included physical therapy and medications. The provider requested additional physical therapy 2 times a week for 3 weeks for the right elbow. The provider's rationale was not provided. The Request for Authorization form was dated 01/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT ELBOW:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue home active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right elbow were not provided. Furthermore, there should be a continuation of active therapies at home as an extension of the treatment process. Therefore, the request for physical therapy 2 times a week for 3 weeks for the right elbow is not medically necessary.