

<b>Case Number:</b>	CM14-0036406		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Pain Medicine and is licensed to practice in New York and 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 injured worker is a 35 year old female whose date of injury is 09/15/2012. The mechanism of injury is described as repetitive duties at work. Note dated 02/04/14 indicates that the injured worker complains of low back pain, neck pain, bilateral knee and foot pain, bilateral elbow, forearm, wrist and hand pain, and bilateral upper shoulder pain. Diagnoses are cervical spine sprain/strain with muscle contraction headaches, lumbosacral sprain/strain, bilateral shoulder myofascial strain, bilateral elbow, forearm, wrist and hand flexor and extensor tenosynovitis and bilateral elbow lateral epicondylitis, bilateral knee patellofemoral arthralgia, bilateral foot plantar fasciitis, anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 to neck, back, shoulders, elbows, wrists, hands, knees, and feet:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 3 x 4 to neck, back, shoulders, elbows, wrists, hands, knees and feet is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. It is unclear how many sessions of physical therapy the injured worker has completed to date. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment Utilization Schedule (MTUS) Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.