

<b>Case Number:</b>	CM14-0037481		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Rehabilitation & Pain Management 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 40-year-old female with an injury date on 03/06/2012. Based on the 02/12/2014 progress report provided by [REDACTED], the patient presents with left elbow swelling, knees swelling and numbness in the fingers/toes. The diagnoses are: 1. Cervical Sp/St, r/o C7-C8; 2. RAD; 3. Shoulder Sp/St; 4. Right knee ID; 5. Left knee Sp/St; 6. Right heel pain; 7. Lumbar Sp/St. The 02/12/2014 report was a request for authorization; no examination finding was available to review. Per medical report from [REDACTED] on 02/24/2014, "there was slight limited neck range of motion and back extension. There is tenderness to palpation at the neck, right lumbosacral and SI area." [REDACTED] is requesting 12 sessions of physical therapy for the bilateral knees and cervical/lumbar spine. The utilization review determination being challenged is dated 03/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/2014 to 05/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the bilateral knees and cervical/lumbar spine (3 times a week for 4 weeks): 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), Lumbar Sprains.

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

**Decision rationale:** This patient presents with left elbow swelling, knees swelling and numbness in the fingers/toes. The treating physician has asked for 12 sessions of physical therapy per 02/12/2014 report. Review of the reports does not discuss recent or prior therapy treatments. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested 12 sessions exceed what is allowed by the MTUS guidelines. The treating physician also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. Therefore, the request is not medically necessary.