

<b>Case Number:</b>	CM14-0037633		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	02/27/2014
<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 Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of January 18, 2013. A utilization review determination dated February 27, 2014 recommends noncertification for physical therapy. Noncertification was recommended due to lack of objective functional treatment goals. A progress report dated September 3, 2013 identifies subjective complaints of low back pain and left elbow pain. He did not receive acupuncture treatment yet nor a home tens unit. Physical examination reveals tenderness over the lateral epicondyle with diffuse tenderness over the thoracic spine. Diagnoses include left elbow lateral epicondylitis and thoracic spine sprain/strain. The treatment plan recommends acupuncture and continued work modification. A progress report dated February 12, 2013 identifies subjective complaints indicating that the patient is feeling better but continues to have pain in the elbow. The note indicates that "physical therapy is working." Diagnoses reveal full range of motion in the thoracic spine with no tenderness and normal neurologic exam. The treatment plan recommends continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 weeks- 8 sessions to Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many physical therapy sessions the patient has already undergone, making it impossible to determine if the number recommended by guidelines has been exceeded. In light of the above issues, the currently requested additional physical therapy is not medically necessary.