

<b>Case Number:</b>	CM14-0048849		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 45 year old male with an injury date of 01/13/09. Based on the 02/21/14 progress report provided by [REDACTED] the patient complains of pain in his left elbow, right elbow, and lower back. There is palpable tenderness of the paravertebral muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS PHYSICAL THERAPY UPPER EXTREMITIES:** Upheld

**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:** According to the 02/21/14 report by [REDACTED], the patient presents with pain in his left elbow, right elbow, and lower back. The request is for 12 sessions of physical therapy for his upper extremities. 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 physician has asked for 12 total sessions of therapy for the patient's upper extremities. A short course of treatment may be reasonable if the patient is

flared-up, has a new injury or aggravated. However, the request of 12 sessions exceeds what is allowed per MTUS. The request for 12 sessions of physical therapy upper extremities is not medically necessary.