

<b>Case Number:</b>	CM14-0202102		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal 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:

The injured worker (IW) is a 60-year-old woman with a date of injury of August 11, 2005. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic cervical strain; chronic lumbar strain; right shoulder rotator cuff syndrome; left shoulder sprain/strain, rule out internal derangement; bilateral elbow lateral epicondylitis, status post right elbow release; bilateral carpal tunnel syndrome, status post carpal tunnel release; bilateral chronic knee sprain/strain, rule out meniscal tear; and cubital tunnel syndrome on the left. Pursuant to a progress report dated September 16, 2014, the IW reports that she is currently doing physical therapy (PT) to the cervical and lumbar spine. She has completed 6 of the 12 authorized sessions. She reports that she has slight relief, but still has pain. There was no documentation of objective functional improvement associated with current PT. Pursuant to the progress note dated October 28, 2014, the IW complains of cervical pain, lumbar spine pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain. She reports improved pain since last visit. The pain is made better with rest, medications, and therapy. She is taking Motrin to help her pain. Examination of the cervical spine reveals decreased range of motion (ROM). There was tenderness over the paraspinal muscles. There was a positive cervical compression test. Examination of the lumbar spine reveals decreased ROM and tenderness over the paraspinal muscles. There was positive Kemp's test bilaterally. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendon. The treating physician is recommending continued physical therapy 2 times a week for 6 weeks to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the lumbar spine, 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck/Low Back Sections, Physical Therapy

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the lumbar spine and cervical spine two times per week for six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate specific frequency and duration of physical therapy according to disease state. In this case, the injured worker's working diagnoses are chronic cervical strain; chronic lumbar strain; right shoulder rotator cuff syndrome; left shoulder sprain/strain; bilateral elbow lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral knee chronic strain; and cubital syndrome left. A progress note dated September 14, 2014 indicates the injured worker completed six of the 12 authorized physical therapy sessions. The injured worker receive slight relief. There were no physical therapy or physical findings indicating objective functional improvement. There is no documentation referencing the latter six physical therapy sessions. Additionally, the treating physician in a November 2014 progress note then requested an additional 12 physical therapy sessions at two sessions per week times six weeks. There is no documentation indicating the prior 12 physical therapy sessions resulted in objective functional improvement. Consequently, absent the appropriate clinical documentation showing objective functional improvement and the clinical rationale for an additional 12 physical therapy sessions, physical therapy to the lumbar spine and cervical spine two times per week for six weeks is not medically necessary.