

<b>Case Number:</b>	CM14-0205010		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, 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 61 year old female with date of injury 04/11/13. The treating physician report dated 10/09/14 indicates that the patient presents with pain affecting her coccyx, right elbow, and left knee. (158) The physical examination findings reveal limited and painful range of motion for lumbar spine with tenderness and limited range of motion for the right elbow. The right elbow tested positive for Medial Epicondylar Tenderness. The patient rates her elbow pain as 6-9/10 and her low back pain as 6-9/10. Prior treatment history includes physical therapy, knee brace, knee injection, and medication. X-rays of the coccyx revealed no fracture. X-rays of the lumbar spine reveal levoscoliosis with L5-S1 disc space narrowing. The current diagnoses are: 1. Right Elbow Medial 2. Cervical Spine Strain/ Strain with Underlying Cervical Spondylosis3. Levoscoliosis of the Lumbar Spine4. Coccydynia The utilization review report dated 11/25/14 denied the request for Physical therapy for the low back and right elbow, twice weekly for six weeks based on guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back and right elbow, twice weekly for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Elbow Chapters, Physical Therapy Sections

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

**Decision rationale:** The patient presents with pain affecting her coccyx, right elbow, and left knee. The current request is for Physical therapy for the low back and right elbow, twice weekly for six weeks. The treating physician states that the patient's first 16 visits of physical therapy were helpful but since stopping physical therapy 6 months ago her symptoms are worsening. (158) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has not given any indication as to why the patient is not able to perform an at home exercise program and the requested amount exceeds the MTUS guidelines. Recommendation is for denial.