

<b>Case Number:</b>	CM15-0000953		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/20/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 57-year-old female who reported an injury on 10/07/2014. The mechanism of injury involved heavy lifting. The current diagnoses include cervicothoracic strain, right shoulder status post arthroscopic chondroplasty, left shoulder impingement syndrome, left elbow medial epicondylitis, left carpal tunnel syndrome, and lumbosacral sprain. The injured worker presented on 11/25/2014 with complaints of significant pain in the left wrist and elbow area. It is noted that the injured worker has been previously treated with physical therapy and acupuncture for the lumbar spine. Upon examination, there was difficulty rising from a sitting position as well as positive straight leg raising bilaterally and tenderness in the lumbar spine. Recommendations included 8 additional physical therapy sessions for the lumbar spine. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 2 x 4 (8): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in a previous course of physical therapy. There was no documentation of significant functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate.