

<b>Case Number:</b>	CM15-0019621		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 male, who sustained a work/ industrial injury on 9/10/13. He has reported symptoms of numbness and pain in the cervical spine, lumbar spine and right elbow. Prior medical history was not documented. The diagnoses have included right elbow cubital tunnel syndrome. Treatments to date included physical therapy, chiropractic care, and medication. Medications included Hydrocodone/APAP, Cyclobenzaprine, Diclofenac Sodium, and Pantoprazole Sodium. The treating physician's report (PR-2) from 11/19/14 indicated x-rays taken of the right elbow, right forearm show no increase in arthritis. Exam noted improvement in the right wrist and elbow after physical therapy but stiffness and limited range of motion the neck and back was evident with right leg numbness. On 1/16/15, Utilization Review non-certified a Physical Therapy 3 times a week for 4 weeks cervical and lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks cervical and lumbar spine:** 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:** The patient presents with intense pain to the cervical and lumbar spine rated 8/10. Patient also complains of mild, but improving, right elbow pain and numbness. The patient's date of injury is 09/10/13. Patient is status post arthrotomy of the right elbow with ulnar nerve neuroplasty, medial release, partial synovectomy, and loose body removal. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS CERVICAL AND LUMBAR SPINE. The RFA is dated 11/26/14. Physical examination dated 12/18/14 reveals stiffness and limited range of motion to the cervical spine, and reduced range of motion with pain elicitation upon movement of the lumbar spine. The patient's current medication regimen was not provided. Diagnostic imaging pertinent to this request was not provided, though 12/18/14 progress note documents in-office X-rays showing loss of cervical lordosis and loss of lumbar lordosis. Per 12/18/14 progress note, patient is advised to remain off work until 02/02/15. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 12 sessions of physical therapy for the management of this patient's continuing lower back pain and cervical pain. There is no documentation of previous physical therapy directed at this complaint or efficacy of such therapies to date. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which specify only 10. Therefore, this request IS NOT medically necessary.