

<b>Case Number:</b>	CM15-0138139		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, Pain Management

### 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 48 year old female who sustained an industrial/work injury on 2/13/12. She reported an initial complaint of back, elbow, and left hand/wrist pain. The injured worker was diagnosed as having thoracic spine strain, lumbar spine strain with radiculopathy, right elbow lateral humeral epicondylitis, right elbow ulnar nerve neuropathy, s/p left elbow surgery, left carpal tunnel syndrome, left wrist de Quervain's syndrome. Treatment to date includes medication, surgery, physical therapy, and diagnostics. Currently, the injured worker complained of constant low back pain and left hip pain with sitting and walking. Per the primary physician's report (PR-2) on 6/16/15, exam noted diminished sensation to light touch to the left middle anterior thigh, left middle lateral calf, and left lateral ankle. The requested treatments include Additional physical therapy 1 x 6, left elbow and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 1 x 6, left elbow and low back:** Upheld

**Claims Administrator 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), Low Back, Carpal Tunnel Syndrome Procedure Summary Online.

**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) Elbow Chapter, Physical Therapy Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of at least 18 prior PT sessions with documentation of gradual symptomatic improvement. It is unclear what specific functional improvement were achieved with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for lumbar and elbow pain. In light of the above issues, the currently requested additional physical therapy is not medically necessary.