

<b>Case Number:</b>	CM15-0144184		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### 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 60-year-old female who sustained a work related injury October 21, 2005. According to a treating physician's office encounter, dated June 18, 2015, the injured worker presented with complaints of significant low back pain and left elbow pain. Objective findings included; lumbar flexion is slightly decreased to 35 degrees, extension slightly increased to 15 degrees with pain, left and right side bending at 20 degrees; there are lumbar spasm and trigger points and decreased lumbar lordosis. Right straight leg raise causes low back pain and hamstring tightness at 45 degrees. Left straight leg raise causes low back and hamstring tightness at 30 degrees. There is positive bilateral sacroiliac joint stress test and some difficulty bridging. There is positive bilateral Tinel's sign and bilateral carpal tunnel compression test. Mild swelling is noted on the left first MCP (metacarpophalangeal joint) and mild swelling, tenderness left dorsal radial wrist, and left volar radial wrist tenderness with ganglion cyst, hyperpathia. Diagnoses are carpal tunnel syndrome; lumbosacral sprain; displacement of intervertebral disc, site unspecified, without myelopathy; lumbosacral spondylosis without myelopathy. Treatment plan included adjustments of medication, elbow MRI, and a psychology consultation. At issue, is the request for authorization for physical therapy, six sessions over thirty days for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, six sessions over 30 days for the lumbar spine:** 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 Pages 98-99.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. There is no documentation stating why an independent home exercise program would be a sufficient starting point in treatment or that the patient has tried and failed this type of therapy. In addition, there is insufficient documentation as to prior therapies, if any or other management. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is NOT medically necessary to the patient at this time.