

<b>Case Number:</b>	CM15-0169574		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

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 55 year old female injured worker suffered an industrial injury on 3-10-2015. The diagnoses included mechanical fall, cervical strain, and lumbar strain with degenerative disc disease, left shoulder impingement, left elbow epicondylitis. Left wrist stain, bilateral knee internal derangement, left hip strain, ankle left ankle strain. On 7-24-2015, the treating provider reported pain that radiated to the neck, head, shoulder, elbow, back, low back, buttocks, hip, leg, ankle and toes. The symptoms included swelling, locking, burning pain, stiffness, weakness, giving way, numbness and tenderness. Since the last visit, she had noticed a decrease in the level of function during activities. On exam, there was cervical, collar bone, upper back, shoulders and elbow tenderness. Prior treatments included physical therapy, TENS unit, heat, home exercises, Tylenol and activity modification. The injured worker is non-weight bearing. The diagnostics included lumbar, thoracic, left shoulder, and left wrist x-rays 3-16-2015. The provider noted, "Her physical therapy completed but at the last session they did something which caused her to have severe pain. Therefore, we will discontinue." The injured worker had not returned to work. The Utilization Review on 8-5-2015 for the treatments Physical therapy, 2 times weekly for 4 weeks, cervical/lumbar/left shoulder/wrist/hip/ankle qty: 8.00 determined they were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times weekly for 4 weeks, cervical/lumbar/left shoulder/wrist/hip/ankle qty: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in March 2015 and is being treated for neck, low back, bilateral knee, and left elbow and ankle pain. When seen, she had completed five physical therapy treatments. She was using TENS and performing home exercises. Physical examination findings included cervical and lumbar spine and bilateral hip tenderness. There was bilateral shoulder, scapular, and trapezius tenderness and there was bilateral elbow trigger point tenderness. Authorization was requested for an additional eight physical therapy treatment sessions. The claimant is non-weight-bearing for the left lower extremity and wearing a brace. The claimant has widespread pain and, in terms of physical therapy for this condition, guidelines recommend up to 9-10 treatment sessions over 8 weeks. The claimant has already had physical therapy and is performing a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.