

<b>Case Number:</b>	CM15-0024495		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 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 50-year-old female who reported an injury on 12/31/2009. The mechanism of injury was not stated. The injured worker is currently diagnosed with lumbar sprain. The only clinical documentation submitted for this review is a Primary Treating Physician's Progress Report dated 01/28/2015. The injured worker presented with complaints of right elbow pain. Upon examination, there was tenderness of the right elbow, a healed medial and lateral incision, decreased sensation in the ulnar nerve distribution, and full range of motion of the left shoulder. Recommendations included physical therapy for the lumbar spine as well as an MRI if there is no improvement. There was no Request for Authorization form submitted for this review.

### 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 Lumbar Spine:** Upheld

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

**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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy for the lumbar spine would exceed guideline recommendations. Additionally, there was no physical examination of the lumbar spine provided for this review. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate.