

<b>Case Number:</b>	CM15-0218737		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 45 year old male who sustained an industrial injury on 12-6-12. The injured worker reported pain in the left knee, spine, bilateral shoulders and right elbow. A review of the medical records indicates that the injured worker is undergoing treatments for cervical lumbar sprain and strain, left shoulder impingement syndrome with partial rotator cuff tear, right lateral epicondylitis, and bilateral knee sprain. Medical records dated 8-19-15 indicate ongoing pain rated at 6-8 out of 10. Provider documentation dated 8-19-15 noted the work status as patient can continue working full duty. Treatment has included Nabumetone since at least July of 2015, Cyclobenzaprine since at least November of 2014, Lunesta since at least November of 2014, Tramadol since at least November of 2014, electrodiagnostic studies (May 11, 2015), and magnetic resonance imaging. Objective findings dated 8-19-15 were notable for tenderness to palpation to cervical spine with painful range of motion and "tingling and numbness into the anterolateral shoulder and arm", shoulders with subacromial space tenderness and acromioclavicular joint pain, right elbow with lateral epicondyle tenderness, positive Cozen's sign and painful range of motion, lumbar paravertebral muscles with tenderness, seated nerve root test noted to be positive, painful range of motion, dysesthesia in the L5 dermatome. The original utilization review (10-9-15) denied a request for 8 sessions of physical therapy for the lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for the lumbar and cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support excessive quantity of 8 additional physical therapy sessions beyond guidelines recommendation when prior treatment rendered has not resulted in any functional benefit. The 8 sessions of physical therapy for the lumbar and cervical spine is not medically necessary and appropriate.