

<b>Case Number:</b>	CM15-0220384		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 38 year old male who sustained an industrial injury on December 11, 2014. The worker is being treated for: status post ORIF and open left elbow fracture, cervical and lumbar spine myoligamentous strain and sprain and left shoulder strain. Subjective: September 10, 2015 he reported experiencing persistent left elbow pain, with neck and low back pains and some left shoulder pain. Objective: September 10, 2015 noted the cervicothoracic spine with palpable tenderness in the paravertebral muscles and the upper trapezius. He is able to flex his neck to 15 degrees which caused increased neck pain in the cervical paravertebral muscles; extension noted to 20 degrees also with increased pain and bilateral rotation right to 50 degrees and left to 55 degrees also induced pain. Lateral flexion bilaterally 15 degrees without increased pain. The left shoulder noted positive for weakness of rotator cuff strength and pain with palpation at the subacromial and subdeltoid bursa on the left. Diagnostic: radiography performed July, April 2015 of left elbow, lumbar spine and left shoulder. Medication: April 09, 2015: Tramadol. UDS August 2015, Tramadol noted prescribed. Treatment: May 2015, July 2015, August 2015, September 2015 POC noted recommending additional PT session (completed 12 sessions left extremity). On October 08, 2015 a request was made for 6 sessions of PT treating the cervical and lumbar spine that was noncertified by Utilization Review on October 15, 2015.

### 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 of the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy, Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the cervical and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post open reduction internal fixation of open left elbow fracture; cervical spine mild ligamentous sprain strain; lumbar spine myoligamentous sprain strain; and left shoulder strain. Date of injury is December 11, 2014. Request for authorization is November 2, 2015. The request for authorization lists the physical therapy request for the cervical spine and lumbar spine separately. According to an October 15, 2015 progress note, subjective complaints are ongoing left elbow pain and neck and low back pain. An MRI of the cervical and lumbar spine were performed, but no reports were present in the medical record. Objectively, there is tenderness over the cervical paraspinal muscles and trapezius muscles. Range of motion is decreased. There is a normal gait. There is slight tenderness over the lumbar paraspinal muscles. According to the utilization review, the injured worker received 34 sessions of physical therapy to the left elbow. The treating provider indicated the neck and back were to be treated in separate physical therapy sessions. There is no clinical rationale for deferment of concurrent physical therapy to the cervical spine and lumbar spine. There is no clinical rationale for providing physical therapy to the lumbar spine and cervical spine in separate sessions. The guidelines recommend a six visit clinical trial. Pending objective functional improvement additional physical therapy may be clinically indicated. The treating provider requested 12 sessions of physical therapy to the cervical and lumbar spine in excess of the recommended guidelines. Based on clinical information and medical records and peer-reviewed evidence-based guidelines, physical therapy three times per week times four weeks to the cervical and lumbar spine is not medically necessary.