

<b>Case Number:</b>	CM15-0044497		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 55 year old female who sustained an industrial injury on 5-15-13. A review of the medical records indicates she is undergoing treatment for sprain of the elbow and forearm, lumbar sprain, lumbar disc protrusion, lumbar spinal stenosis, facet hypertrophy, status post reconstruction of the right ankle, and left carpal tunnel syndrome. Medical records (1-2-15) indicate complaints of intermittent "mild to moderate" pain of the left elbow with stiffness, weakness, and occasional swelling. She also complains of "slight to intermittent moderate and occasionally severe" low back pain that radiates to the lower extremities. She notes a pulling sensation, spasm, stiffness, tightness, and limited motion in the lower back. "Moderate to occasionally severe" intermittent left knee pain is noted with limited motion, stiffness, giving way, and occasional swelling. The right knee has intermittent "moderate" pain with giving way and occasional swelling. The right ankle is noted to be "feeling better" and has constant "slight to moderate" pain throughout the ankle with limited motion and a pulling sensation. The physical exam reveals a "well healed" surgical scar of the right ankle. Range of motion is noted to be limited secondary to pain and apprehension. Diagnostic studies have included x-rays of the left elbow, lumbar spine, and right ankle, an EMG-NCV of the bilateral upper extremities, and an MRI of the right ankle and lumbar spine. Treatment has included an elastic brace for the ankle, medications, and a "moot boot". The utilization review (3-3-15) includes requests for authorization of physical therapy 2x4 for lumbar spine, right ankle, and left elbow. The request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar spine, Right ankle & Left elbow, 2 times per week for 4 weeks:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, elbow, ankle sections, physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine, right ankle, left elbow two times per week times four weeks 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 sprain of the elbow and forearm; lumbar sprain; lumbar disc protrusion; lumbar spinal stenosis; facet hypertrophy; status post reconstruction of the ankle and left carpal tunnel syndrome. Date of injury is May 15, 2013. Request for authorization is dated March 2, 2015. Indexing indicates the most recent progress note in the medical record is January 23, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization March 2, 2015. According to a January 2, 2015 progress note, subjective complaints include moderate right knee pain that comes and goes. The right ankle has been feeling better. Pain radiates to the right foot and toes without numbness. Objectively, range of motion is limited secondary to pain and apprehension. There is no clinical discussion, indication or rationale for additional physical therapy. According to the utilization review, the injured worker has an unremarkable physical examination with no neurologic signs of weakness. The UR states the injured worker has had the recommended physical therapy in the past. The total number of physical therapy sessions is not specified. There are no compelling clinical facts indicating additional physical therapy is currently warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, an unremarkable physical examination, no documentation indicating the total number of physical therapy sessions and no compelling clinical facts indicating additional therapy is warranted, physical therapy lumbar spine, right ankle, left elbow two times per week times four weeks is not medically necessary.