

<b>Case Number:</b>	CM15-0054878		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, 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 injured worker is a 44 year old male with an industrial injury dated 09/30/2014. His diagnoses include low back strain with right lower extremity lumbar 5 radiculopathy, cervical strain with frequent headaches, lateral epicondylitis left elbow and cubital tunnel syndrome left elbow. Prior treatments include diagnostics and medications. He presents on 02/05/2015 with complaints of low back pain with bilateral thigh pain to knees, neck pain and left lateral ulnar pain radiating to left forearm and hand. Pain is rated as 10/10. Physical exam revealed tenderness in cervical spine muscles. Lumbar spine revealed antalgic gait without the use of supportive devices. X-rays of the left elbow done on 11/17/2014 are documented as negative for fracture, dislocation subluxation or joint space narrowing. The provider is requesting physical therapy left elbow/forearm 2 times a week for 4 weeks. A utilization review determination dated February 26, 2015 recommends modified certification to allow 6 visits of therapy for the patient's left elbow and forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Left Elbow and Left Forearm, Quantity: 8 (2 times weekly for 4 weeks):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the physical therapy assessment does identify physical examination findings consistent with the patient's diagnoses. Guideline support a 6-visit trial of therapy with further therapy being supported based upon documentation of objective functional improvement and ongoing objective treatment goals. The previous utilization review determination appropriately modified the request to allow for a 6-visit trial. Unfortunately, there is no provision to modify the current request. The current request for 8 sessions exceeds the 6-visit trial recommended by guidelines. As such, the current request for physical therapy is not medically necessary.