

<b>Case Number:</b>	CM15-0077443		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Massachusetts

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 45 year old male who sustained an industrial injury on 6/18/14. He reported he felt a crack in his back, which was followed by a loss of strength in his low back. He also felt a pinch in his neck. His arms weakened, his legs felt restless and he was experiencing involuntary movements, spasms and cramping in his legs and a tingling sensation in his feet and hands. Treatment to date has included x-rays, MRI, medication, chiropractic care, acupuncture, physiotherapy, nerve conduction study, IF4 unit and TMS treatments. Currently, the injured worker complains of headaches, ear aches with buzzing in the ears, neck pain, upper and lower back pain, bilateral shoulder pain, left elbow pain, bilateral wrist/hand pain with tingling, bilateral ankle/foot pain, anxiety, depression, sexual dysfunction and sleep disturbance. The injured worker is currently diagnosed with chronic cervical spine sprain/strain, chronic thoracic spine sprain/strain, chronic lumbar spine sprain/strain with right lower extremity radiculopathy with multilevel disc herniation, chronic bilateral shoulders sprain/strain with impingement syndrome, left lateral epicondylitis, bilateral wrist sprain/strain (rule out carpal tunnel syndrome), cephalgia secondary to stress, otalgia bilaterally, left ear buzzing, anxiety/depression and insomnia. His work status is to remain off work. In a note dated 3/13/15, the injured worker reported benefit from medication and chiropractic care. An examination of the same date reveals cervical spine tenderness and pain was induced with range of motion. The thoracic spine was tender to palpation with the right greater than the left and the lumbosacral spine was also tender to palpation with the right side greater than the left and an increase in pain with range of motion. There is also tenderness with palpation in both shoulders and range of motion increases the pain.

The elbows are tender to palpation bilaterally with the left revealing a positive tennis elbow test. The wrists are tender to palpation and pain is induced with range of motion. The request for physical therapy 2x/week for 4 weeks for the neck, upper/lower back and shoulders bilaterally is sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 Times a Week for 4 Weeks Neck/Upper, Lower Back/Both Shoulders:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in June 2014 and continues to be treated for chronic sprain of the spine and bilateral shoulders and wrists, left lateral epicondylitis, shoulder impingement syndrome, and right lower extremity radicular symptoms. When seen, there had been completion of 14 physical therapy treatments, 12 chiropractic treatments, and more than 20 acupuncture treatments. The claimant's BMI was 28. There were multiple areas of tenderness. There was decreased and painful range of motion. Right straight leg raising was positive. Shoulder impingement testing was positive. Testing for lateral epicondylitis was positive on the left and Finkelstein's testing was positive bilaterally. Tinel's testing at the right wrist was positive. Authorization for additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.