

<b>Case Number:</b>	CM14-0213115		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 & Rehabn

### 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 patient is a 62 year old male with an injury date on 12/11/12. The patient complains of cervical pain, lumbar pain, bilateral elbow pain, left foot pain. The patient's cervical pain is rated 6/10, lumbar pain rated 5-9/10 with radiation into the right lower extremity, the bilateral elbow pain at 5/10, and left foot pain at 9/10 per 11/17/14 report. The pain is improved with medication, and worsens with activities per 10/13/14 report. Based on the 11/17/14 progress report provided by the treating physician, the diagnoses are: 1. s/p right lateral epicondylectomy, aggravated by the industrial exposure. 2. Right medial tendinopathy of the elbow with cubital tunnel syndrome, verified electrodiagnostically. 3. Left foot arthralgia, rule out meniscal tear, no evidence of arthritis changes. 4. Bilateral feet plantar fasciitis. A physical exam on 11/17/14 showed "C-spine range of motion is full. L-spine range of motion is limited with flexion of 45 degrees. Bilateral foot range of motion was full." The patient's treatment history includes medications, MRI left knee. The treating physician is requesting 12 physical therapy sessions for the lumbar spine. The utilization review determination being challenged is dated 12/5/14. The requesting physician provided treatment reports from 1/15/14 to 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with neck pain, back pain, bilateral elbow pain, and left foot pain. The treater has asked for 12 physical therapy sessions for the lumbar spine on 11/17/14. The treater states: "he does continue to have functional deficit and pain affecting his left elbow and low back secondary to compensatory pain of his bilateral feet" per 11/17/14 report. The epicondylectomy was sometime in 2007 per 8/26/14 AME report. Review of the reports does not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.