

<b>Case Number:</b>	CM15-0014198		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female who reported an injury on 03/29/2004. The injured worker was reportedly struck in the chest by a freezer door. The current diagnoses include cervical strain, lumbar sprain, shoulder impingement, and lateral epicondylitis. A Request for Authorization form was submitted on 12/12/2014 for physical therapy 3 times per week for 4 weeks. However, there was no physician progress report submitted on the requesting date by the requesting physician. The latest clinical note submitted for this review is a physical therapy initial evaluation on 12/09/2014. The injured worker presented with complaints of pain over multiple areas of the body. The injured worker reported severe functional limitation. Upon examination of the cervical spine, there was 20 degree flexion, 40 degree extension, 35 degree right side bending, 25 degree left side bending, and 25 degree right and left rotation. Examination of the bilateral elbows revealed diminished range of motion and 3/5 motor weakness. Examination of the lumbar spine revealed 28 degree flexion, 25 degree extension, 20 degree right and left side bending, and 45 degree right and left rotation. There was 3+/5 motor weakness in the bilateral lower extremities. Examination of the bilateral shoulders also revealed limited range of motion, 3/5 motor weakness, and positive impingement sign on the left. Examination of the bilateral wrists revealed limited range of motion with pain and 3/5 motor weakness. There was tenderness to palpation over the cervical and lumbar spine; right anterior shoulder capsules; and left lateral epicondyle. Recommendations at that time included a course of physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 back/neck/left shoulder/left arm/left elbow/ bilateral wrists and hands/bilateral lower extremities:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. According to the documentation provided, the injured worker has participated in a previous course of physical therapy. However, there was no documentation of the previous course with evidence of significant functional improvement. Additionally, there was no recent physician progress report submitted by the requesting physician. Given the above, the request is not medically appropriate at this time.