

<b>Case Number:</b>	CM15-0077264		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 62 year old male, who sustained an industrial injury on 12/11/2012. He has reported injury to the neck, bilateral elbow, left knee, and low back. The diagnoses have included right medial tendinopathy of the elbow; and status post right lateral epicondylectomy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Motrin. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain in the cervical spine and lumbar spine, rated at 7/10 on the visual analog scale; pain in the bilateral elbows, which radiates to the bilateral hands, rated at 7-8/10; and pain in the left knee. Objective findings included tenderness to palpation bilaterally over the upper trapezius muscles; tenderness to palpation over the bilateral lower lumbar paraspinal muscles; straight leg raise was positive in the left lower extremity; and tenderness to palpation over the medial and lateral compartments of the bilateral elbow. The treatment plan has included the request for twelve (12) physical therapy sessions (2 x 6) for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions (2 x 6) for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**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 patient has completed 10 sessions of physical therapy, however, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.