MAXIMUS Federal Services

| Case Number: | CM13-0017124 | | |
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| Date Assigned: | 10/11/2013 | Date of Injury: | 03/13/2013 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/09/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 66-year-old female who reported an injury on 03/13/2013. The mechanism of injury was described as repetitive injuries sustained while performing job duties, including gathering hospital laundry and stuffing it into bags, loading heavy bags onto carts with constant lifting, bending, and working at or above shoulder level. Her diagnoses are listed as chronic cervical strain, rule out disc herniation, advanced degenerative changes of the cervical spine, chronic lumbosacral strain, bilateral shoulder strain, bilateral elbow lateral epicondylitis, bilateral chronic wrist strain with paresthesia, and non-orthopedic issues including gastropathy, depression, and anxiety; as well as sleep difficulty. Her symptoms include intermittent neck pain that radiates to her head with associated numbness and tingling sensation in her hands affecting all of her digits, lumbar spine pain that radiates to her legs extending to her feet, particularly on the left side with numbness and tingling sensation on the bottom of her feet, persistent shoulder pain that radiates to her arms, extending to her forearms with popping, clicking, and grinding sensation, as well as numbness and tingling in all of her digits. Physical exam findings of her cervical spine revealed tenderness and hypertonicity over the suboccipital region, levator scapula, and paravertebral muscles, restricted range of motion in all planes, decreased sensation along the C6 and C7 dermatomal distributions. Physical exam findings of the lumbar spine demonstrated limited range of motion, and positive bilateral straight leg raise testing. It was noted that the patient had previous physical therapy in 2010, but only had 4 sessions which were noted not to have been of benefit. However, the requesting physician states that that was not enough time to determine the treatment's efficacy, and a trial of another physical therapy directed to the cervical and lumbar spine is needed. A recommendation was made for 12

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice per week X 6 weeks, for cervical and 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:** According to California MTUS Guidelines, physical medicine is recommended for patients with myalgia and myositis at 9 to 10 visits over 8 weeks. The guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. The patient was shown to have symptoms of cervical and lumbar spine pain with radiation into her extremities, as well as objective findings of functional deficits, including decreased range of motion; however, the request for 12 sessions of physical therapy exceeds the guideline recommendations of a total of 9 to 10 visits over 8 weeks. Therefore, the request is not supported. For this reason, the requested service is non-certified.