

<b>Case Number:</b>	CM13-0021449		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	09/09/2013

### 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 and 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year-old female reported injury on 2/27/13 from being kicked by a 5 year-old student while employed by [REDACTED]. Per report dated 3/6/13 from [REDACTED] Diagnoses included Contusion of left lower leg; Cervical/ Lumbar strain; Sprain of right hip; Sprain of right shoulder. Treatment included lumbar support, ice pack, Flexeril, Naproxen, physical therapy, and modified work. There is and EMG/NCV report dated 5/7/13 with impression of non-specific absent H-reflex, possible mild sensory sural neuropathy, and normal EMG without evidence for radiculopathy or neuritis. Report dated 8/12/13 from [REDACTED], orthopedist, non-certifying the request per [REDACTED] report of 8/2/13 for the 12 visits of physical therapy for the completed 6 sessions without benefit. Report also noted complaints of posterior neck, upper trapezial, and low back pain radiating into the right buttock. Objective findings included decreased range of motion in the lumbar spine, mild antalgic gait, tenderness in the neck, low back, and right SI joint. Diagnoses included myoligamentous cervical spine and bilateral trapezial and lumbar spine with radicular symptoms. Submitted reports have not adequately demonstrated the indication for the formal 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:** 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:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The physical therapy 3x4 is not medically necessary and appropriate.