

<b>Case Number:</b>	CM13-0023776		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 70 year old with an injury date of 3/7/13. Based on the 7/22/13 progress report provided by [REDACTED], the diagnoses are cervical spine signs and symptoms, left shoulder signs and symptoms, lumbar spine signs and symptoms, and left knee signs and symptoms. Exam on 7/22/13 showed slightly limited range of motion of the cervical spine, especially bilateral rotation at 60/80 degrees. The lumbar spine has moderately limited range of motion, especially extension at 11/30 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the cervical and lumbar spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This patient presents with lower back pain and neck pain. The treater has asked for physical therapy three times a week for four weeks for the cervical and lumbar spine.

The patient is using a walker to ambulate as of 5/10/13. A review of the reports shows that the patient had three sessions of physical therapy between 7/25/13 and 8/5/13. The 8/5/13 physical therapy report states that the patient can walk up four steps, still needs home assistance for housechores, and is still fearful of trusting legs for balance. The patient has no history of surgeries to the lumbar spine or cervical spine. The MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient has remaining functional deficits from the original injury, despite conservative treatment including three physical therapy sessions. Twelve sessions of physical therapy, however, exceed MTUS guidelines for this type of condition. As such, the request is not medically necessary.