

<b>Case Number:</b>	CM13-0025715		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 58-year-old female who reported an injury on 04/28/2009, after a trip and fall while walking down stairs. The injured worker's treatment history included surgical intervention for the shoulder, epidural steroid injections, physical therapy, and multiple medications for pain control. The injured worker was evaluated on 08/09/2013. It was documented that the injured worker had ongoing neck pain radiating into the bilateral shoulders to significant foraminal stenosis at the C5-6 level. The injured worker's treatment plan included a trial of physical therapy to control the injured worker's radicular symptoms.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for patients with radicular complaints. The requested 12 visits exceeds this recommendation. The clinical documentation does not provide any exceptional

factors to extend treatment beyond guideline recommendations. As such, the requested 12 physical therapy sessions is not medically necessary or appropriate.