

<b>Case Number:</b>	CM13-0026570		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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, 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 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 53 year-old female with a date of injury on 12/18/12. The UR determination is from 9/10/13 and recommends denial of [REDACTED] requests for an initial physical therapy consultation and 8 additional physical therapy sessions. Unfortunately, the two reports from [REDACTED] (9/19/13 and 10/10/13) are hand written and largely illegible. However, [REDACTED] from 2/14/13 provides diagnoses of neck pain/cervicalgia, shoulder pain, and upper back pain. Objective findings are diffuse tenderness paravertebral muscles in cervical spine area mostly to right side of neck. Decrease ROM all directions secondary to pain. Within the reports, there are a number of physical therapy visit reports that indicate three series of physical therapy, totaling 20 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial physical therapy consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS does not provide guidance on consultative visits, so ACOEM was referenced. ACOEM indicates that "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A physical therapy consultation does not meet this criteria. Additionally, MTUS guidelines for neuralgia, neuritis, and radiculitis based diagnoses indicate 8-10 visits over 4 weeks with the objective of engaging the patient in active therapy where a home exercise is introduced and therapy is faded/transitioned completely to a home exercise program. The patient has already received 20 physical therapy sessions, without an indication of fading or mention why additional therapy is necessary. Therefore, a consultation with a physical therapist does not appear to meet either the guideline for a consultative visit or additional physical therapy. Recommendation is for denial.

**8 additional sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The MTUS guidelines for neuralgia, neuritis, and radiculitis based diagnoses indicate 8-10 visits over 4 weeks with the objective of engaging the patient in active therapy where a home exercise is introduced and therapy is faded/transitioned completely to a home exercise program. The patient has already received 20 physical therapy sessions, without an indication of fading or mention why additional therapy is necessary. The request is outside of MTUS guidelines. Recommendation is for denial.