

<b>Case Number:</b>	CM13-0032370		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 33 year old female who reported an injury on 12/06/2012. The mechanism of injury was lifting. The subsequent diagnoses include chronic pain syndrome, myofascial pain syndrome, low back pain, sacroiliac sprain, lumbar facet syndrome, right rotator cuff injury, and right bicipital tenosynovitis. The patient has received 8 chiropractic treatments, 12 physical therapy sessions, steroid injections, and a home exercise program. She is on significant medications for pain management that only mildly improved her symptoms. She was released to work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for bilateral arms and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS Guidelines recommend 9-10 visits of physical therapy for myalgia/myositis. The clinical note dated 12/05/2013 stated that the patient received 2 sessions of therapy which found abnormalities in the cervical spine resulting in upper extremity deficits. However, the most recent physical therapy notes are not available for review. The

clinical note dated 12/05/2013 stated that the patient had a negative Spurling's test and no radicular symptoms in the upper extremities. The upper extremity motor strength is 4/5 and there was no sensory deficit. The note did not examine the low back. A clinical note dated 09/23/2013 noted that on physical examination, the patient had full motor strength, full range of motion, and no sensory or reflex deficits to the bilateral upper extremities. Examination of the lumbar spine noted extension of 10 degrees and flexion of 32 degrees with full motor strength and reflexes to the bilateral lower extremities. There was noted decreased sensation to the lateral aspect of the right leg. Although there are some lumbar spine deficits, without the physical therapy notes detailing the objective findings in regard to her cervical spine and upper extremities, medical necessity cannot be determined. As such, the request for physical therapy twice a week for four weeks to the bilateral upper arms and low back is non-certified.