

<b>Case Number:</b>	CM13-0033706		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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, 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 47-year-old male with a reported injury on 11/01/2005. The mechanism of injury was not provided. The injured worker had an examination on 07/23/2013 with complaints of shoulder pain and headaches. There was no list of medications provided. There is a history of the injured worker having previous chiropractic treatments, epidural injections, work modifications, physical therapy, and medications, with only temporary relief. A pain VAS scale was not provided. On 9/23/2013, there was a progress report where the injured worker had complained of spasms in the neck radiating to his posterior scapula. The injured worker also had complaints of low back pain with pain that radiated down his left lower leg. The injured worker also had an examination on 10/7/2013 regarding the same complaints. The diagnoses that were provided included herniated degenerated C5-C6 intervertebral disc, radiculopathy upper extremities and left lower leg, rotator cuff tear right shoulder and herniated/degenerated L5-S1 and L4-L5. The recommended plan of treatment was for the injured worker to have lumbar interbody fusion procedure of his degenerative discs that are at L4-5 and L5-S1 to be able to treat his low back pain and radicular pain down his left lower leg. In addition, it was the recommended plan of treatment was for him to have exercises 4 times a week for 6 weeks and massage therapy. The request for authorization was not provided and the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWENTY FOUR (24) PHYSICAL THERAPY SESSIONS TO INCLUDE MASSAGE THERAPY:** Upheld

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

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

**Decision rationale:** The 24 physical therapy sessions to include massage therapy is not medically necessary. The injured worker complains of neck pain and spasms and has had previous chiropractic treatment, epidural injections, work modifications, physical therapy and medications. The efficacy has not been provided on any of these previous treatments. Physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. There was no flexibility, strength, or endurance, function of motion tests provided. There were no adequate functional deficits provided. There was evidence of previous physical therapy, but the actual efficacy was not provided and there was no evidence of how many previous physical therapy sessions that he has had. The California MTUS Guidelines also recommend up to 10 visits and the request is asking for 24 visits, which exceed the amount that is recommended. Therefore, the request for 24 physical therapy sessions is not medically necessary.