

<b>Case Number:</b>	CM13-0033994		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 patient is a 47-year-old female who has submitted a claim for lumbosacral sprain and strain, thoracic sprain/strain, cervical sprain/strain, knee sprain/strain, and shoulder sprain/strain associated with an industrial injury date of 2/15/2013. Medical records from 2013 were reviewed. Patient complained of pain at the low back, right sacroiliac joint, right hip, right leg, right leg, mid back, neck, and the right shoulder. Pain was rated 5/10 in severity resulting in difficulty walking. She likewise reported locking and buckling sensation of the right knee. Range of motion of the cervical spine was normal. Right shoulder motion towards extension was painful. Kemp's test was positive bilaterally resulting to increased low back pain. Impingement test was positive on the right shoulder. Muscle guarding was noted at the lumbar area. Motor strength and reflexes were normal. Sensation was diminished at the right upper extremity and right lower extremity by 50% of normal. Treatment to date has included physical therapy and medications. The utilization review from 9/30/2013 denied the request for assessment of bio-mechanics and six (6) sessions of physical therapy, two (2) times a week for three (3) weeks because there was no documentation of the number of previous physical therapy treatments and why any residual deficits cannot be managed in the context of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assessment of Bio-Mechanics and Six (6) Sessions of Physical Therapy, Two (2) Times a Week for Three (3) Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering and the Restoration of Function, page 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient was able to complete a course of physical therapy in the past. However, the total number of sessions attended and patient's response to treatment were not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why the patient is still not versed to home exercise program to address the residual deficits. Therefore, the request for assessment of bio-mechanics and six (6) sessions of physical therapy, two (2) times a week for three (3) weeks is not medically necessary.