

<b>Case Number:</b>	CM13-0039326		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 03/19/2012. The patient is diagnosed with posttraumatic stress disorder, chronic sprain/strain of the cervicothoracic spine, tendinitis and impingement of the right shoulder, chronic sprain/strain of the thoracolumbosacral spine, mild L5 compression fracture, and osteoarthritis of the left L4-5 facet joints. The patient was seen by [REDACTED] on 06/05/2013. The patient reported anxiety, depression, and PTSD. The physical examination revealed tenderness to palpation at C3 through C5, T4-5, tenderness in bilateral shoulders, tenderness in bilateral knees, decreased range of motion, and positive impingement sign on the right. The treatment recommendations included conservative treatment for the back, shoulders, and knees, range of motion studies, MRIs of the neck, back, bilateral shoulders, bilateral knees, and right wrist, and psychiatric therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the neck and back:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient's physical examination on the requesting date revealed only tenderness to palpation with decreased range of motion of the shoulders. There was no documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine treatment. The patient has previously participated in physical therapy. Documentation of objective measurable gains, improvement with activities of daily living, or a return to work as a result of previous physical therapy was not documented. In addition, the number of sessions completed to date is unknown. The current request for 12 sessions of physical therapy for the neck and back exceeds guideline recommendations. Based on the clinical information received, the request is noncertified.

**Psychiatric therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the documentation submitted, the patient has previously participated in psychiatric treatment. However, documentation of objective measurable improvement, improvement with activities of daily living, or a return to work as a result of previous psychotherapy was not provided. Additionally, the number of sessions completed to date is unknown. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.