

<b>Case Number:</b>	CM13-0042716		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 62 year-old female with an injury listed as 09/05/2009 and mechanism of injury is unknown. The patient diagnosis included cervical thoracic strain/arthrosis with central and foraminal stenosis and lumbosacral strain/arthrosis with lateral recess at L2-L3, L3-L4 and L4/L5. The patient had a positive Spurling's test on the right and negative on the left. The patient's treatment includes unknown sessions of Physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines for Physical Medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended visits for Myalgia and myositis, unspecified (ICD9 729.1) are 9-10 visits over 8 weeks. There is no indication why the patient would continue to require

formal physical therapy when a home exercise program could be recommended. The medical documentation does not supply the patient's deficits to warrant additional physical therapy. Therefore, due to the lack of medical documentation, the request for additional physical therapy two times a week for six weeks is not medically necessary.