

<b>Case Number:</b>	CM13-0048544		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Oklahoma and 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 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 32-year-old female who reported a work-related injury on 10/29/10. The documentation of 10/15/13 revealed that the injured worker had no evidence of radiculopathy, and it was indicated that a course of physical therapy might be beneficial. The diagnosis included cervicalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR SIX (6), FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 474.

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

**Decision rationale:** The California MTUS guidelines recommend physical therapy for a maximum of 8-10 visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the injured worker had an injury date of 10/29/10. There is lack of documentation indicating the quantity of sessions the injured worker had attended and the functional benefits that were received. There was lack of documentation of objective physical findings as well as objective functional deficits to support the necessity for ongoing therapy. By

this point, the injured worker should be well versed in a home exercise program. The request for 18 therapy sessions is excessive. Given the above, the request for continued physical therapy is not medically necessary.