

<b>Case Number:</b>	CM13-0050705		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; 9% whole person impairment rating and psychological counseling. In a Utilization Review Report of November 1, 2013, the claims administrator denied a request for physical therapy, citing non-MTUS ODG guidelines. It is further noted that the claims administrator denied the request on the grounds that causation and compensability had not been established for the body parts for which treatment was being sought. The applicant's attorney subsequently appealed. The most recent progress report provided dated April 3, 2013 is notable for comments that the applicant reported issues with anxiety, depression and pain disorder with psychological factors. The applicant was apparently off of work at that point in time. An earlier note of April 4, 2012 is notable for comments that the applicant reported bilateral shoulder pain status post shoulder arthroscopy surgeries. It is incidentally noted that the claims administrator had access to an October 2, 2013 that was not seemingly not included in the packet of records, which accompany the IMR application.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 6 weeks to the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The Physician Reviewer's decision rationale: The 18 sessions of treatment represents treatment well in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. In this case, the attending provider has not clearly stated why so much therapy in excess of the guideline is needed. The attending provider has not clearly stated how much prior therapy has been performed and/or what the goals of further therapy are. The attending provider and/or applicant's attorney have not clearly established what the treatment goals are and how they can be met here. Several criteria set forth in the MTUS-Adopted ACOEM guidelines in chapter 3 for pursuit of physical therapy have not seemingly been met. No clear treatment goals have been stated. Therefore, the request for 18 sessions of physical therapy is not certified.