

<b>Case Number:</b>	CM13-0064493		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 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 an employee of [REDACTED] and has filed a claim for cervical strain and lumbar radiculopathy associated with an industrial injury date of April 6, 2010. A utilization review from December 11, 2013 denied the request for physical therapy due to a lack of documentation of previous physical therapy efficacy. Treatment to date has included pain medications, knee surgery, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of neck, low back, right shoulder, and right hip pain. Symptoms continue to affect the patient's quality of life as well as activities. Examination revealed a morbidly obese patient with significant limitation in range of motion for the cervical and lumbar spines as well as bilateral shoulders. Cervical and lumbar facet loading tests were positive. Motor test for the upper and lower extremities was relatively normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE CERVICAL, LUMBAR AND RIGHT SHOULDER, TWICE PER WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the documentation did not indicate the total number of physical therapy sessions the patient has completed. There is no discussion of the outcomes from prior physical therapy sessions. Given insufficient information from previous physical therapy, the request is not medically necessary and appropriate.