

<b>Case Number:</b>	CM14-0100746		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for right shoulder, neck, and low back pain reportedly associated with an industrial injury of March 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier right shoulder surgery; and reported return to work. In a Utilization Review Report dated May 28, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as two sessions of the same. The applicant's attorney subsequently appealed. In an earlier progress note dated February 25, 2013, the applicant reported ongoing complaints of low back pain, neck pain, and bilateral upper extremity pain. The applicant was asked to continue ongoing home exercises, it was noted. In a subsequent note dated May 28 2013, it was again noted that the applicant was working regular duty despite ongoing complaints of low back and neck pain. In a September 15, 2014 progress note, the applicant again reported ongoing multifocal pain complaints, including neck pain, low back pain, and headaches. The applicant posited that epidural steroid injection therapy had been beneficial. A repeat injection was sought. The applicant was described as having retired. A June 16, 2014 physical therapy progress note acknowledged that the applicant had had nine sessions of physical therapy through the most recent course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits for the Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Physical Therapy Guidelines

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

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant has had nine recent sessions of physical therapy in 2014 alone. All evidence on file suggested that the applicant had returned to regular duty work in late 2013-early 2014 and further suggested that the applicant does not have much in the way of significant impairment. The applicant should, thus, be capable of transitioning to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.