

<b>Case Number:</b>	CM14-0112799		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 31-year-old female who sustained an injury on 12/14/13 while employed by [REDACTED]; she injured her back and neck. The injured worker's treatment history included physical therapy, medications, an MRI, EMG/NCV, and neuropsychometric testing. The injured worker was evaluated on 5/16/14, and it was documented that she was attending physical therapy twice a week, reducing the neck pain and stiffness. It was noted she had some memory problems and needed neuropsychometric testing. The physical examination revealed normal strength, sensation, and reflexes in the upper and lower extremities. The diagnoses included close head injury with concussion with possible cerebral contusion, postconcussion syndrome, cervical strain (left greater than right), history of left shoulder pain, and scotopic hypersensitivity suggestive of Irlen's syndrome. The medications included Naprosyn, Lidoderm patches 5%, and Dramamine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and a home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. The request failed to indicate where physical therapy is required for the injured worker. Given the above, the request is not medically necessary.