

<b>Case Number:</b>	CM14-0115321		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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, has a subspecialty Interventional Spine 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 a 69 year old male with an injury date on 02/13/2001. Based on the 04/24/2014 progress report provided by [REDACTED], the patient complains of neck pain, bilateral upper extremity pain and left should pain. Pain level had remained the same since last visit. Tenderness is noted at the trapezius. The diagnoses include the following: Hip Bursitis, Low Back Pain, and Pain in Joint Lower Leg. [REDACTED] is requesting for physical therapy for spine 2 X week X 6 weeks. The utilization review determination being challenged is dated 06/26/2014. [REDACTED] is the requesting provider, and [REDACTED] provided treatment reports from 01/03/2014 to 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for spine 2X week X 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines. neck and upper back.

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

**Decision rationale:** According to the 04/24/2014 report by [REDACTED], this patient presents with neck pain, bilateral upper extremity pain and left shoulder pain. The provider is requesting for physical therapy for spine 2x week x 6 weeks. The report with the request was not provided. The MTUS guidelines pages 98 and 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. Review of available records show no therapy reports. The current request for 12 sessions exceed what is allowed per MTUS for non-post-operative therapy treatments for the kind of condition this patient struggles with. Furthermore, the provider does not indicate how the patient has responded to recent therapy and what additional goals are to be reached. Such as, Physical Therapy for spine 2X week X 6 weeks is not medically necessary.