

<b>Case Number:</b>	CM14-0121238		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 3/13/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/20/2014, indicated that there were ongoing complaints of neck pain that radiated to the bilateral upper extremities, bilateral hips pain, and low back pain. The physical examination demonstrated right shoulder: Positive Hawkins, positive Neers, and positive drop arm test. Limited range of motion. Muscle strength 4/5. No recent diagnostic studies are available for review. Previous treatment included previous surgery, medications, and conservative treatment. A request had been made for physical therapy of the lumbar spine 2 times a week for 5 weeks #10 and was denied in the pre-authorization process on 7/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) to three (3) times a week for six (6) weeks for the Lumbar Spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculiti; and recommend a maximum of 10 visits. The claimant has chronic complaints of low back pain, and review of the available medical records reflects a request of physical therapy of the lumbar spine for 12-18 visits. According to guidelines, recommendation for 10 visits is appropriate; however 12-18 visits is excessive. There was no determination of any documentation that would necessitate additional physical therapy visits. Therefore, the request is not medically necessary and appropriate.