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| <b>Case Number:</b>   | CM14-0122398 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 06/05/2014 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 Family Practice 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 46 years old female claimant sustained a work injury on 6/5/14 involving the neck, back, hip and shoulder. She was diagnosed with shoulder and lumbar spine strain as well as cervical discogenic disease. A progress note on 6/30/14 indicated the claimant had persistent pain in the involved areas. Exam findings were notable for lumbar spine tenderness and limited range of motion of the spine and right shoulder. The physician recommended an additional 3 treatments of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Additional Physical Therapy visits for Cervical Spine 3 x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits

over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the amount of therapy completed is unknown. Additional therapy requested is no justified based on prior clinical response to compare improvement and determine the amount completed. The request for 3 additional physical therapy visits is not medically necessary.