

<b>Case Number:</b>	CM14-0130400		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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 injured patient is a 69 year-old patient who sustained a repetitive injury on 2/13/2001 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 6 sessions. Conservative care has included physical therapy, medications, cervical and lumbar epidural steroid injections, and modified work/reset. Report of 4/24/14 from the provider noted patient with chronic neck, upper extremity, and left shoulder pain unchanged; uses TENS on regular basis. Current medications list Tizanidine, Percocet, Neurontin, Ibuprofen, Lidoderm patch, Pennsaid, and Terocin patch. Exam of cervical and lumbar spine showed limited range in all planes; positive Spurling's; tenderness with trigger point; motor limited by pain with decreased sensation over lateral left hand. Diagnoses include hip bursitis; low back pain; and lower leg joint pain. Treatment was to continue TENS. Report of 6/3/14 from the provider noted ongoing chronic neck pain radiating to left upper extremity. The patient remained off work/ retired. TENS was helpful with exam findings of diffuse upper extremity weakness of 4/5. It was noted the patient was stable. Report of 7/25/14 from the provider noted the patient with neck, bilateral upper extremity and shoulder pain rated at 8/10 without and 6/10 with medications. Sleep was poor with unchanged activity level. Exam showed left wrist with limited range in palmar flexion and dorsiflexion; decreased sensation of light touch over lateral left hand; nontender. The request(s) for Physical Therapy 6 sessions was not medically necessary on 8/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 sessions:** Upheld

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

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

**Decision rationale:** Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many physical therapy sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of physical therapy without clear specific functional improvement in ADLs, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. There is no report of acute flare-up or new injuries for chronic unchanged clinical presentation to support for physical therapy. The Physical Therapy 6 sessions is not medically necessary and appropriate.