

<b>Case Number:</b>	CM14-0138817		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/16/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 in Pain Medicine 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 worker is a 61-year-old individual with an original date of injury on November 16, 2006. The injured worker's diagnoses include neck pain, low back pain, lumbar degenerative disc disease, cervical discogenic disease, bilateral knee degenerative disease. The patient has had previous courses of physical therapy in the past. There is documentation in a progress note on date of service March 6, 2014 that the patient has had conservative therapy with 16 physical therapy visits in the neck. There is documentation that there was only transient relief of several hours after each session. The patient has also been considered for medial branch neurotomy. The disputed issue in this case is a request for additional physical therapy. A utilization review determination on August 15, 2014 had denied this request, citing that there was an absence of functional benefit from prior courses of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** There is documentation in a progress note on date of service March 6, 2014 that the patient has had conservative therapy with 16 physical therapy visits in the neck. There is documentation that there was only transient relief of several hours after each session. The patient has also been considered for medial branch neurotomy. The California Medical Treatment and Utilization Schedule clearly specify that continuation of physical therapy is contingent on demonstration of functional benefit from previous physical therapy. In this case, physical therapy has been trialed and has been unsuccessful in the long-term. It is unclear how physical therapy at this juncture is expected to benefit the patient. This request is not medically necessary at this time.