

<b>Case Number:</b>	CM14-0147400		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation, has a subspecialty in 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 61-year-old female with a date of injury of 08/23/2011. The listed diagnoses per [REDACTED] are: 1. SI joint dysfunction. 2. Trochanteric bursitis. 3. Facet arthropathy, cervical, thoracic, or lumbar. 4. Encounter long Rx use NEC. According to progress report 08/30/2014, the patient presents with neck, right shoulder, and low back pain. The patient reports doing well on current medication regimen and states that acupuncture and TENS unit has been helpful. Examination of the neck revealed some pain with extension, left lateral bending, and right lateral bending. Examination of the lower back revealed decreased range of motion and marked pain at the left SI joint. This is a request for physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 08/26/2014. Treatment reports from 04/10/2014 through 10/21/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks per 08/19/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine Guide. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic); Physical Therapy (PT)

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

**Decision rationale:** This patient presents with neck, left shoulder, and low back pain. This is a request for Physical Therapy 2 times a week for 6 weeks per 08/19/14. Utilization review denied the request stating that the patient has "completed an unspecified total number of physical therapy sessions to date. MTUS guidelines recommend a limited number of physical therapy sessions before transition to self-led home exercise is expected." For physical medicine, the MTUS guidelines pages 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. Progress report 07/29/2014, under treatment/plan, states, "Recommend more physical therapy. I realize she has had a fair amount, but I think PT addressing her whole body to be performed at [REDACTED], which is close to where she lives, would be appreciated." It is clear the patient has participated in physical therapy in the past, but the exact number of sessions received to date is not documented. In this case, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient was not able to transition into a self-directed home exercise program. The request is not medically necessary.