

<b>Case Number:</b>	CM14-0154764		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 44 year old with an injury date on 11/2/10. The patient complains of cervical and lumbar pain, right side shoulder pain, right side hip pain, and left side knee pain per 6/20/14 report. The patient also has radiculopathy in the upper/lower extremities mainly on the right side with numbness/tingling per 6/17 report. Based on the 6/17/14 progress report provided by [REDACTED] the diagnoses are lumbosacral radiculopathy and cervical disc disorder with myelopathy. Exam on 6/17/14 showed "decreased range of motion of C-spine especially flexion/extension. Muscle spasms." [REDACTED] is requesting physical therapy to cervical and lumbar spine 3 times a week for 4 weeks. The utilization review determination being challenged is dated 9/17/14 and denies physical therapy but the rationale for denial was not in provided utilization review. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/14 to 6/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to cervical and lumbar spine three (3) times a week for four (4) weeks:**  
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:** This patient presents with neck and lower back pain, right sided knee, hips, wrist pain, and left-sided knee pain. The provider has asked for physical therapy to cervical and lumbar spine 3 times a week for 4 weeks for 6/17/14. Review of the reports does not show any evidence of physical therapy being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Considering patient has not had recent therapy, a course of 8-10 sessions for cervical and lumbar spine would appear reasonable but the requested 12 visits exceed MTUS guidelines. Therefore, this request is not medically necessary.