

<b>Case Number:</b>	CM14-0166231		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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 56 year old female who reported an injury on 12/03/2001. The mechanism of injury was not provided. Her diagnosis was noted as low back pain. Her past treatments were noted to include medication, work modification and epidural steroid injections. During the assessment dated 03/28/2014, the injured worker complained of intermittent low back pain, neck and right wrist pain. The injured worker denied numbness, tingling and weakness in the extremities. The physical examination revealed tenderness to palpation in the lumbar and cervical spine. Her medication regimen was noted to include Tramadol. The treatment plan was to continue with medication, physical therapy, manual therapy, soft tissue mobilization and home exercise program. The rationale for physical therapy was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy sessions for low back and neck:** 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:** During the assessment dated 03/28/2014, the injured worker complained of intermittent low back pain, neck and right wrist pain. The physical examination revealed tenderness to palpation in the lumbar and cervical spine. The injured worker denied numbness, tingling and weakness in the extremities. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 12 visits would exceed the guideline recommendations. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. Furthermore, there was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due to the lack of pertinent information and requested number of visits, the request for twelve (12) Physical therapy sessions for low back and neck is not medically necessary and appropriate.