

<b>Case Number:</b>	CM14-0174010		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 06/18/2014. The mechanism of injury was due to a slip and fall. The injured worker has diagnoses of bilateral knee internal derangement, cervical sprain/strain, and lumbar spine sprain/strain. Past medical treatment consists of physical therapy, and medication therapy. Medications consist of Flexeril, Prilosec, Tramadol and Menthoderm cream. Diagnostics consists of MRIs and urine drug screens. On 09/24/2014, the injured worker complained of stabbing neck pain. Physical examination of the cervical spine revealed range of motion was decreased and painful. There was 3+ tenderness to palpation of the cervical paravertebral muscles and bilateral trapezius. Shoulder depression caused pain bilaterally. Lumbar range of motion was decreased and painful. There was +3 tenderness to palpation over the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Kemp's caused pain bilaterally. Medical treatment plan is for the injured worker to continue with physical therapy 2 to 3 times a week for 6 weeks. 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:

**Physical therapy 2-3 times 6 weeks for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, physical methods Page(s): 229.

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

**Decision rationale:** The request for physical therapy 2-3 times 6 weeks for the lumbar is not medically necessary. The submitted documentation indicated that the injured worker was having physical therapy. However, the efficacy of such physical therapy sessions was not submitted for review. There was no physical therapy progress notes submitted indicating whether the therapy was helping with any functional deficits the injured worker might have had. Additionally, there was no indication in the documentation as to how many sessions the injured worker has had to date. Furthermore, guidelines recommend up to 10 physical therapy visits. The request as submitted does not specify how many sessions exactly the provider was asking for. The request states physical therapy 2 to 3 times a week for 6 weeks equaling either 12 or 18 sessions. Given the above, the injured worker is not within the recommended guidelines criteria. As such, the request is not medically necessary.