

<b>Case Number:</b>	CM14-0180536		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 60 year-old male who was injured on 5/3/09 when he fell off a roof. The patient complained of head pain radiating to both arms and lower back pain radiating to both legs. He complained of numbness and tingling of the hands and feet and weakness of both hands. On exam, he had full range of motion of the cervical and lumbar spine, tenderness to palpation over trapezius cervical paraspinal muscles, positive Tinel's and Phalen's on the right, positive straight leg bilaterally, slightly decreased muscle strength, and diminished sensation of the left C7 and T1 dermatomes and L4, L5 dermatomes. A cervical MRI showed C7-T1 disc protrusion with C8 neuroforaminal stenosis and L4-5 disc herniation with L4 nerve root narrowing. He was diagnosed with displaced cervical and lumbar intervertebral disc without myelopathy, disorders of bursa and tendons in the shoulder, and internal derangement of knee. Treatment included medications, physical therapy, chiropractic care, cervical and lumbar epidural steroid injections and cervical facet blocks. His medications included Anaprox, Tramadol and Norco. The patient had been approved for 8 physical therapy sessions previously. The current request is 12 additional sessions.

### 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:** Upheld

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

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

**Decision rationale:** TThe request is not considered medically necessary. The patient has received a full course of physical therapy and at this point, should be well educated in a home exercise program. The maximum number of sessions recommended is 10 for myalgias and neuralgias. The current request would exceed the limit. There were no new documented deficits that would benefit from additional physical therapy. The patient also had normal range of motion and nearly normal strength. Therefore, further therapy is not warranted and not medically necessary.