

<b>Case Number:</b>	CM14-0183963		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 50-year-old female with a date of injury of 05/25/2010. According to progress report 09/19/2014, the patient presents with chronic neck, shoulder, and low back pain. The patient reports she has completed 6 sessions of PT and that she is "stretching and walking to complete her HEP." Objective findings included, "She can change station and ambulate easily." All other examination findings were within normal limits. The listed diagnoses are: 1. CRPS. 2. Chronic pain due to trauma. 3. Medial epicondylitis. 4. Cervicalgia. 5. Shoulder pain. 6. Low back pain. 7. Lumbar radiculopathy. 8. Sciatica. 9. Anxiety. The treater states that he would like to request for additional 12 physical therapy sessions as this was recommended by AME. Utilization review denied the request on 10/03/2014. Treatment reports from 05/06/2014 through 09/19/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting 12 physical therapy sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient underwent 6 physical therapy sessions between 08/28/2014 and 09/15/2014. Physical therapy treatment report from 09/03/2014 indicates that the patient has increase in pain and decrease in AROM, PROM, and decreased core strength. The patient rated her current pain as 4/10. PT progress note 09/15/2014 states the patient "feels better today." However, pain scale was again noted as 4/10, and under assessment, it was noted that patient continues with increased pain and decreased ROM and core strength. Review of physical therapy progress reports does not provide any functional improvement or decrease in pain with PT treatment. Furthermore, the treater's request for 12 additional physical therapy sessions exceeds what is recommended by MTUS. The treater provides no discussion as to why the patient would not be able to continue her home exercise program therefore request is not medically necessary.