

<b>Case Number:</b>	CM14-0186715		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/15/1999
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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 55-year-old female who reported an injury on 10/15/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included severe major depression, adjustment disorder with mixed anxiety, and depressed mood. The previous treatments included medication and physical therapy. Within the clinical note dated 09/23/2014, it was reported that the injured worker complained of neck pain, left elbow pain, right elbow pain, left wrist pain, and right wrist pain. She rated her pain 4/10 in severity and increased to 9/10 in severity. The physical examination revealed a positive straight leg raise on the left side. The Spurling's maneuver caused pain in the muscles around the neck, radiating to the upper extremities. A request was submitted for physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** The request for physical therapy 3 times per week for 4 weeks is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for a fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has utilized was not submitted for clinical review. There was a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability and decreased strength or flexibility. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.