

<b>Case Number:</b>	CM14-0036670		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old female with a work injury dated 9/11/13. The diagnoses include cervical strain, sprain of the right trapezius, lumbar sprain. Under consideration is a request for physiotherapy 2 times a week for 6 weeks to the neck, back, right shoulder. There is a primary treating physician (PR-2) document dated that states that the patient still has neck, upper and lower back pain and feels considerably improved from therapy but there is still some soreness. She returned to work with a back brace but her work activities aggravate her back pain. She is ambulatory without any noticeable difficulty with her ambulation. She is wearing a lower back brace with heavy metal stays which provides considerable relief of discomfort. Local tenderness persists at L5 S1. The patient is able to flex within 4 inches of touching her toes with some persistent lower back pain. At the extremes of cervical terminal rotation she feels minor pulling discomfort. There is no major muscle spasm and straight leg raising is negative to 90. The treatment plan included medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times a week for 6 weeks to the Neck, Back, Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The request for 12 exceeds this number of recommended visits. The documentation indicates that the patient has already had 6 visits between 1/15/14-2/28/14. The patient should be versed in a home exercise program at this point. The request for additional physiotherapy 2 times a week for 6 weeks to the neck, back, right shoulder is not medically necessary and appropriate.