

<b>Case Number:</b>	CM14-0048910		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Pain Management 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:

This case involves a male injured worker who sustained an injury on 07/17/2012. The utilization review determination dated 03/12/14 recommended modifications of physical therapy from 12 sessions to 8 sessions. The 01/03/14 medical report identifies persistent right arm, low back and leg pain. The provider notes the presence of trigger points and a desire for trigger point injections with physical therapy given the lack of responsiveness to physical therapy alone. The treating physician believes that the patient needs specific physical therapy directed towards the trigger points.

### 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): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, and Forearm, Wrist and Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): Page 98-99 of 127.

**Decision rationale:** Regarding the request for physical therapy 2 times a week for 6 weeks, California MTUS supports up to 10 sessions of physical therapy and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the provider notes that the patient has not been responsive to prior PT, but he also gives a rationale for PT specifically addressing the patient's trigger points. While a trial of targeted PT may be reasonable to address the patient's trigger points, the request for 12 sessions exceeds the recommendations of the CA MTUS and Official Disability Guidelines (ODG). The prior utilization review modified the request to certify 8 PT sessions, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 2 times a week for 6 weeks is not medically necessary.