

<b>Case Number:</b>	CM14-0052240		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & Rehab 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 injured worker is a 54-year-old female who reported injury on 10/11/2013. The mechanism of injury was a motor vehicle accident. Prior treatments included 28 sessions of physical therapy and medications. The documentation of 03/31/2014 revealed the injured worker had been making slow progress in physical therapy. The injured worker's diagnoses included status post motor vehicle accident with bilateral shoulder sprain/strain, cervical sprain/strain, lumbar sprain/strain, and sciatic pain. The treatment plan included physical therapy twice a week for 6 weeks and a continuation of Cymbalta 30 mg once a day and Mobic 15 mg once a day. The surgical history was not provided. There was no objective physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Physical Therapy to the Lumbar and Cervical Spine 2 x 6: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review

indicated the injured worker had 28 sessions of physical therapy. The injured worker should be well versed in a home exercise program. There was a lack of documentation of objective functional deficits to support the necessity for ongoing supervised physical medicine treatment. Given the above, the request for physical therapy to the lumbar and cervical spine 2 times 6 is not medically necessary.