

<b>Case Number:</b>	CM14-0052656		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/21/2014	<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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Ohio and Texas. 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 60-year-old who reported an injury on February 20, 2013 due to a fall while carrying a box of sea urchins. The injured worker had a history of lower back pain with lower extremity pain, and cervical pain with bilateral upper extremity pain. The injured worker had diagnoses of bilateral median neuropathy, bilateral knee pain, abdominal strain, and chest wall pain. Diagnostic procedures included electrodiagnostic testing of the lower back and extremities, a nerve conduction study that was within normal limits. The electromyogram was also within normal limits. The MRI of the lumbar spine dated February 22, 2004 revealed left arthropathy features at the L4-5 at the left neural foraminal narrowing, and an offset arthropathy feature to the bilateral neural foraminal narrowing at the L5-S1. The injured worker reported pain to the lower back 7/10 on the Visual Analog Scale, cervical pain with bilateral upper extremity symptoms was 7/10, right and left shoulder pain were 8/10, and left knee pain was 6/10. Medication included tramadol ER 300 mg. The objective findings dated March 7, 2014 revealed tenderness to the cervical and lumbar spine with limited motion, spasms at the lumbar paraspinal musculature and cervical area, along with right knee. The treatment plan was for physical therapy 3 times a week for 4 weeks for the back, cervical, bilateral knees, chest wall and abdomen. The request for authorization dated March 22, 2014 was submitted with documentation. The rationale for the physical therapy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the back, cervical, bilateral knees, chest wall and abdominal regions, three times weekly for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Therapy.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that physical medicine with passive therapy can provide short-term relief. Early phases of pain treatment are directed and controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissues. Treatment is recommended with a maximum of nine to seven visits for myalgia or myositis and eight to ten visits may be warranted for treatment of the neuralgia, neuritis, and radiculitis. Per the documentation provided, the injured worker had completed thirty sessions of physical therapy. Furthermore, there is no indication that the previous treatments provided any functional benefit and were not submitted for review. Per the California Guidelines, the number of visits is eight to ten. According to the documentation provided, the injured worker received thirty visits plus eight to ten additional visits would exceed the amount of sessions recommended. As such, the request for physical therapy for the back, cervical, bilateral knees, chest wall and abdominal regions, three times weekly for four weeks, is not medically necessary or appropriate.