

<b>Case Number:</b>	CM14-0054278		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	12/25/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Interventional Spine 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 patient is a 58 year old female with an injury date of 09/10/13. Based on the progress report dated 04/04/14, the patient complains of chronic neck and low back pain rated at 6-9/10. The aching neck pain radiates to the upper extremities bilaterally causing numbness and tingling. Carrying, flexion and lifting aggravate the pain while medications and rest improve it. The low back pain radiates to left L5 distribution causing numbness and tingling. The patient also experiences sharp shoulder pain rated at 6-9/10. Physical examination of the cervical spine reveals tenderness to palpation of the paraspinal muscles over the facet joints on both sides. Physical examination of upper extremities reveals tenderness in the acromio-clavicular joint along with limited flexion and extension. The patient is taking Meloxicam to manage her pain, as per progress report dated 04/04/14. She received 8 sessions of physical therapy for neck and shoulder in March-April 2014, as per progress reports dated 04/01/14 and 03/20/14. Patient also received chiropractic treatments and trigger point injections, as per progress report dated 02/21/14. She also received TheraCare bandage, as per the same report. MRI of the Lumbar Spine, 02/18/14, as per progress report dated 04/04/14:- Multilevel degenerative disk disease with moderate spinal canal stenosis at L4-5.- Neural foraminal stenosis most significant at L5-S1 on the right MRI of the Right Shoulder, 02/21/14, as per progress report dated 04/04/14:- Mild osseous edema in the distal clavicle.- AC joint separation and osseous contusion.- Mild rotator cuff tendinosis.- Mild subacromial and subdeltoid bursitis Diagnosis, 04/04/14- Chronic pain- Cervical spondylosis- Spinal stenosis of lumbar region- Disorder of rotator cuff The treator is requesting for Physical therapy (PT) two times four (Body Part Not Specified). The utilization review determination being challenged is dated 04/22/14. The rationale was that as per

guidelines "an objective positive patient response should be noted to substantiate continuation of PT." Treatment reports were provided from 10/10/13 - 04/04/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 x 4 ( Body part not specified ):** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain, rated at 6-9/10, that radiates to upper extremities and left L5 distribution respectively, as per progress report dated 04/04/14. The request is for physical therapy two time four (body part not specified). California MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient has received 8 sessions of physical therapy (body part not specified) in March-April 2014, as per progress reports dated 04/01/14 and 03/20/14. In progress report dated 04/01/14, the patient states that she is "doing a little better," after the 03/25/14 physical therapy session but she states that she "feels about the same, don't feel like I'm getting any better," after the 04/01/14 physical therapy session. It is not clear if she attended more sessions after that date. There is no documentation of any improvement in pain or function due to this therapy. However, the treater is requesting additional 8 sessions, which exceeds what is allowed by MTUS in non-operative cases. Treatment is not medically necessary and appropriate.