

<b>Case Number:</b>	CM14-0054780		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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 57 year-old Construction Worker sustained an injury on 5/28/13 from a fall performing usual and customary job duties while employed by [REDACTED]. The request under consideration includes Physiotherapy: 12 sessions (lumbar spine, cervical spine, left shoulder, bilateral ankles). Report from the provider noted the patient with constant ongoing pain in the neck, left shoulder, lower back, right ankle/foot with associated stress symptoms. Exam showed tenderness over bilateral paracervical, suboccipital, and trapezius muscles and C1-7 spinous process with limited range and positive compression testing; shoulder with limited painful range; positive left Apley's test and shoulder depression; lumbar spine with TTP, painful limited range; positive SLR; ankles/feet with TTP and limited range; motor strength of 5/5 in upper and lower extremities; with diffuse hypoesthesia throughout bilateral upper and lower extremities. Diagnoses included cervical sprain/strain; lumbar sprain/strain; bilateral shoulder sprain/strain; rule out right foot fracture; and post-traumatic stress. Treatment included medications, chiropractic treatment/therapy, and diagnostic MRIs with TTD status. The request for Physiotherapy: 12 sessions (lumbar spine, cervical spine, left shoulder, bilateral ankles) was non-certified on 4/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy: 12 sessions (lumbar spine, cervical spine, left shoulder, bilateral ankles):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Review indicated the patient with 24 physical therapy sessions and 24 chiropractic treatments. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for Physiotherapy: 12 sessions (lumbar spine, cervical spine, left shoulder, bilateral ankles) is not medically necessary and appropriate.