

<b>Case Number:</b>	CM14-0063320		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Medicine 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 23-year-old female with an original date of injury of December 17, 2012. The covered body regions as part of the industrial claim include the neck, wrists, back, and psyche. The industrially related diagnoses include cervical strain, thoracic strain, lumbar spine radiculitis, and abdominal wall strain. A progress note on date of service March 6, 2014 had documented in the treatment section the plan for physical therapy. However there does not appear to be a discussion of the outcome of previous use of therapy. The disputed issue of this case is a request for 12 sessions of physical therapy to the lumbar spine. This was denied in a utilization review determination on April 17, 2014. The stated rationale for the denial was that there was no demonstrated improvement from previous authorized visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy: 3x4 (Lumbar Spine & Bilateral Shoulders): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation; Aetna Clinical Policy

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT, but the total number of prior sessions and outcome of these sessions are not available. A thorough discussion of this should be available in the progress note associated with this request on 3/6/2014. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.