

<b>Case Number:</b>	CM14-0063718		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/07/2014
<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 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 50-year-old male with a date of injury of 09/09/2009. The listed diagnoses per Dr. [REDACTED] are cervical and lumbar sprain. Progress report 03/11/2014 indicates the patient continues presents with increase in neck pain and arm pain. The patient is requesting physical therapy and acupuncture. There is no physical examination noted. Report dated 12/13/2013 states the patient has tightness in the neck and shoulders. Patient states, "He wants to get back into a short course of physical therapy and acupuncture." Examination revealed mildly decreased range of motion in his neck. There is stiffness on range of motion of his bilateral shoulders. Request for authorization from 04/29/2014 request, "continued PT 2 times 4, cervical and lumbar." Utilization Review denied the request on 04/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy 2 x 4 to the Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting patient continue physical therapy 2 times a week for the cervical and lumbar complaints. In regards to physical medicine, the MTUS on pgs. 98 and 99 recommends 9-10 sessions over 8 weeks for myalgia and myositis type symptoms. Review of the medical file includes 3 progress reports from 12/13/2013, 02/17/2014, and 03/11/2014. Each progress reports requests 8 physical therapy sessions. Utilization Review denied the request stating the patient has had "ample physical therapy over the life of the claim including more recently 12 sessions between 2004 and 2014." Review of the medical file indicates the patient received 12 sessions of physical therapy. The treater does not discuss why the patient would not be able to participate in a self-directed home regimen. Furthermore, the treater's request for 8 additional sessions with the 12 already received exceeds what is recommended by MTUS. Therefore this request is not medically necessary.