

<b>Case Number:</b>	CM14-0068974		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Illinois. 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 35-year-old female who reported an injury on 11/16/2012. The mechanism of injury was reported as a slip and fall. The diagnoses included shoulder sprain/strain, cervical sprain/strain, and brachial neuritis/radiculitis. Prior treatments included extracorporeal shockwave therapy, medications, physical therapy, and injections. Per the 03/14/2014 First Report of Injury, the injured worker reported radiating neck pain, bilateral shoulder pain, and middle low back pain with numbness and tingling into the bilateral legs. Objective findings included positive straight leg raising bilaterally and 4/5 motor strength. Lumbar range of motion was noted as flexion to 40 degrees, extension 10 degrees, right side bending 20 degrees, and left side bending 20 degrees. The provider requested physical therapy 3 times a week for 4 weeks. The request for authorization form was submitted 03/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

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

**Decision rationale:** The California MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records provided indicate the injured worker received prior physical therapy. There is a lack of documentation to verify the number of sessions completed and functional improvements made. The request for 12 additional physical therapy sessions exceeds the guideline recommendations. In addition, the submitted request does not specify the site of treatment. Based on this information, the request is not supported. As such, the request for physical therapy 3x4 is not medically necessary and appropriate.