

<b>Case Number:</b>	CM14-0071702		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 34-year-old female who reported injuries due to having been assaulted and thrown to the ground on 09/22/2010. On 04/28/2014, her diagnoses included neck sprain, lumbar sprain, and shoulder/arm sprain. On 01/02/2014, she had completed 12 physical therapy visits. She reported feeling better but still having some pain. She stated she was able to function better and was taking less medication due to the physical therapy. The recommendation was to continue with more physical therapy. On 04/28/2014, her pain was increasing and her physical therapy was put on hold for 1 week. On 06/12/2014, the treatment plan included continuing physical therapy. She was experiencing left sided muscle spasms of the lower back radiating to her buttock on the left side. There was no rationale included in this worker's chart. A Request for Authorization dated 01/27/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy

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

**Decision rationale:** The request for physical therapy three times a week for four weeks is not medically necessary. The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for radiculitis is 8 to 10 visits over 4 weeks. This worker had already completed 12 sessions of physical therapy that were documented and was attending an unknown number of sessions beyond the 12 for which documentation was not included in her file. The requested 12 visits of physical therapy exceed the recommendations in the guidelines. Additionally, the body part or parts that were to have been treated were not included in the request. Therefore, this request for physical therapy three times a week for four weeks is not medically necessary.