

<b>Case Number:</b>	CM14-0074381		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 59-year-old male with a date of injury of 11/21/2012. The listed diagnoses are: Neck pain., Shoulder joint pain., and Hand pain. According to progress report 05/13/2014, the patient presents with right neck, right shoulder, right upper and lower arm and right hand pain. The patient states there is paresthasias radiating down to the thumb, 2nd and 3rd fingers of the right hand. The patient is taking tizanidine 2 mg at night and he has been taken off of cyclobenzaprine. It was noted the patient has participated in physical therapy, which provided 95% improvement. In regards to the patient's right upper extremity strain, Physical therapy did improve symptoms. The patient was noted to be permanent and stationary. Request for authorization from 05/13/2014, requests physical therapy 2 times a week for 3 weeks. A utilization review denied the request on 05/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for (3) weeks for low back pain, QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines.

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

**Decision rationale:** This patient presents with right neck, right shoulder, right upper and lower arm and right hand pain. The treater is requesting additional 6 therapy sessions, as prior treatment has provided "95% improvement." Medical records indicate the patient has received 6 physical therapy sessions from 11/07/2013 to 05/09/2014. Physical therapy discharge summary indicates the patient is "mostly pain-free and has 85% improvement." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 sessions. In this case, the patient received a recent course of 6 sessions ending on 05/09/2014. A short course of 2 to 3 additional sessions may be warranted; however, the treater is requesting 6 additional treatments which exceed what is recommended by MTUS. Furthermore, the treater does not provide a discussion why the patient would not be able to now transition into a home exercise program. Recommendation is for denial.