

<b>Case Number:</b>	CM13-0032464		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] who has filed a claim for chronic wrist, hand, neck, knee, shoulder, and low back pain reportedly associated with an industrial injury of March 15, 2010. In a Utilization Review report dated September 13, 2013, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a handwritten note dated September 3, 2013, difficult to follow, not entirely legible, the applicant reported multifocal complaints of low back, shoulder, hand, and wrist pain. Flexeril and Motrin were endorsed. Additional physical therapy was proposed while a surgical consultation was also suggested. The applicant's work status was not clearly stated. In a progress note dated April 23, 2013, the applicant reported multifocal complaints of shoulder pain, neck pain, low back pain, knee pain, and upper extremity paresthesias. A 25-pound lifting limitation was renewed. It was not clear whether the applicant was or was not working with said limitation in place. The 25-pound lifting limitation was seemingly unchanged when office visits of April 1, 2013 and April 23, 2013 were compared.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Visits (12-sessions, 3 times per week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The 12-session course of physical therapy at issue represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant did not appear to have returned to work following imposition of a 25-pound lifting limitation. Said 25-pound lifting limitation was unchanged when office visits of April 1, 2013 and April 23, 2013 were contrasted. The applicant remained dependent on analgesic medications such as Motrin and Flexeril. All of the foregoing, taken together, suggested that the applicant had, in fact, reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.