

<b>Case Number:</b>	CM13-0060039		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 24, 2013. In a Utilization Review Report dated November 4, 2013, the claims administrator failed to approve a request for 12-18 sessions of physical therapy. The applicant's attorney subsequently appealed. On October 31, 2013, the applicant reported ongoing complaints of neck, shoulder, and arm pain. The applicant reported limitations in terms of performing activities of daily living as basic as lifting articles weighing greater than 10 pounds. Additional 12-18 sessions of physical therapy were endorsed by the treating therapist. The applicant did not appear to be working as the treating therapist stated that the applicant had "moderate limitations" in terms of working and work-related tasks. On October 22, 2013, the applicant was given a permanent 20-pound lifting limitation owing to ongoing issues with neck, shoulder, wrist, elbow, and mid back pain. It was suggested that the applicant had seemingly returned to part-time work in some role after a protracted period of time off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

**Decision rationale:** No, the request for 12-18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12- to 18-session of course of treatment proposed, in and of itself, 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 diagnosis reportedly present here. No clear rationale for such a lengthy, protracted course of treatment was furnished by the attending provider. 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, permanent work restrictions were imposed on or around the date additional physical therapy was proposed, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of treatment over the course of the claim. Therefore, the request was not medically necessary.