

<b>Case Number:</b>	CM14-0191059		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice, and is licensed to practice in New Jersey & New York. 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 56 year-old female who was injured on 4/8/14 when she tripped and landed on both knees while walking. She complained of back, hip, knee pain. She was diagnosed with cervical radiculopathy, thoracic and lumbosacral spine strain, hip and knee pain, stress anxiety, and sleep deprivation. As per the chart, neck and back were accepted body parts for worker's compensation. She complains of lumbar spine pain radiating to lower extremities and feet with numbness and tingling, neck pain, and thoracic spine pain. On exam, she had tender cervical spine with positive tenderness and spasms, positive compression test and shoulder depression test on the right, tenderness of thoracic and lumbar paraspinal muscles, decreased lumbar range of motion with pain, positive straight leg raise, positive left iliac compression test on the left, decreased sensation of left forearm and anterior left leg, normal strength. Chiropractic treatment improved pain symptoms. The current request is for physical therapy to the cervical and lumbar spine 2x4 and physical therapy for the bilateral hips 2x4 which was denied because only neck and back were accepted body parts and the patient was felt to have had physical therapy modalities in conjunction with chiropractic treatment. She had 13 chiropractic sessions with physical therapy modalities from 5/16-6/18/14 and was authorized for 6 additional sessions of chiropractic therapy with physiotherapy on 6/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the cervical spine and lumbar spine 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Procedure Summary last updated 8/4/14, Low Back Procedure Summary last updated 8/22/14

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

**Decision rationale:** The request is considered not medically necessary because the patient has 13 chiropractic sessions with physical therapy modalities from 5/16-6/18/14 and was authorized for 6 additional sessions of chiropractic therapy with physiotherapy on 6/27/14. According to MTUS, the maximum number of recommended visits for myalgias is 10 visits which the patient has already surpassed. The patient had improvement with chiropractic therapy and at this point should be able to proceed with a home exercise program. Therefore, the request is considered not medically necessary.

**Physical Therapy to the bilateral hips 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back Procedure Summary

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

**Decision rationale:** The request for physical therapy for bilateral hip is not medically necessary because according to the chart, the adjuster only authorized the neck and back as accepted body parts. Further therapy for the hip would be outside of worker's compensation. Therefore, the request is considered not medically necessary.