

<b>Case Number:</b>	CM14-0197563		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine, has a subspecialty in Pain Medicine 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 57-year-old female who sustained an industrial injury on 07/10/14 at which time she slipped and sustained injuries to multiple body parts. Treatment has consisted of medication. Past surgical history consists of bilateral foot surgery and vertebroplasty. The patient is diagnosed with cervical, thoracic, lumbar spine, shoulder, upper arm, knee, leg, and ankle sprain/strain. The patient was evaluated on 9/2/14 at which time the patient complained for 4-6/10 pain and examination revealed tenderness and limited range of motion. 12 sessions of physical therapy was requested. An October 1, 2014 physician order is submitted for physical therapy 3x4. Utilization Review dated October 17, 2014 reviewed the 9/24/14 report and a peer to peer discussion was held with the treating physician. Recommendation was made to modify to allow 10 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for the cervical, thoracic, and lumbar spines, bilateral shoulders, bilateral hips, bilateral knees and bilateral ankles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Ankle & Foot, Low Back, Neck & Upper Back, and Shoulder Chapters

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 174; 204; 299; 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Ankle, Knee, Lumbar, Shoulder, Hip Chapters, Physical Therapy.

**Decision rationale:** The medical records indicate that the patient sustained an industrial injury on 7/10/14. The ACOEM guidelines support a short course of physical therapy treatments in the acute setting. Utilization Review dated 10/17/14 modified to allow 10 sessions of physical therapy treatments. Per evidence based guidelines, 10 sessions of physical therapy treatment are recommended for sprain/strain of the affected body parts. The request for 12 sessions would exceed the recommended amount. Therefore, the request for twelve sessions of physical therapy for the cervical, thoracic, and lumbar spines, bilateral shoulders, bilateral hips, bilateral knees and bilateral ankles is not medically necessary.