

<b>Case Number:</b>	CM14-0198408		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Florida. 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 43-year-old male with two cumulative trauma industrial injury dates, 7/20/2007 and 12/25/2012. On a recent 11/10/2014 note from his physician, this patient was noted to have complaints of pain in his neck, upper/mid/low back, both shoulders, both arms, both elbows, both hands, both legs, both knees, and both ankles. He was diagnosed with chronic pain syndrome, cervicgia, lumbago, lateral epicondylitis, carpal tunnel syndrome, obesity, and bilateral shoulder bursitis. He has a prior history of psychotherapy in relation to a history of PTSD, an a history of an epidural steroid injection. Current work status is not addressed, and no recent physical exam findings are available for review. The documentation provided is very limited. This physician apparently requested 12 sessions of physical therapy to the neck, back, shoulder, and ankles. A utilization review physician denied this request. Therefore, an independent medical review was requested to determine the medical necessity of the requested physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks for the neck, back, shoulders and ankles**  
**QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

**Decision rationale:** In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. Regarding this patient's case, there is no documentation of whether or not this patient has previously had physical therapy. Physical therapy has been requested for the neck, back, shoulders, and ankles. This patient has the following corresponding diagnoses in the provided documentation for these body parts; cervicalgia, lumbago, and bilateral shoulder bursitis. No imaging study reports were provided. This patient's case does not meet MTUS guidelines for 12 physical medicine treatments. This request is not considered medically necessary.