

<b>Case Number:</b>	CM14-0203034		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 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:

This is a 64 year old female with a work related injury dated 09/10/2014. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 10/15/2014, the injured worker presented for a re-evaluation to a painful condition about the neck, mid-back, low back and bilateral hands. Diagnoses included cervical spine disc bulge, carpal tunnel syndrome of bilateral hands, T10 to sacrum fusion, persistent pain related to loosened hardware from lumbar fusion, and persistent pain to lumbar spine with left sided sciatica. Treatments have consisted of prior surgeries, psychotherapy, and physical therapy. According to a physical therapy note dated 07/14/2014, the injured worker underwent range of motion, strength, endurance and stability exercises and aquatic therapy for lumbosacral area. Diagnostic testing was not included in received medical records. Work status is noted as permanently and stationary. On 11/26/2014, Utilization Review denied the request for physical therapy two times six weeks for the cervical spine, lumbar spine and bilateral hands citing California Medical Treatment Utilization Schedule Guidelines. The Utilization Review physician stated there is no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks for the cervical spine, lumbar spine and bilateral hands:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case, the amount of prior physical therapy completed is unknown. The amount of therapy sessions requested exceeds the amount suggested by the guidelines. The requested is not medically necessary.