

<b>Case Number:</b>	CM14-0210024		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 52-year-old woman with a date of injury of 02/12/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/09/2014 indicated the worker was experiencing pain in the upper back that went into the arms and associated headaches, lower back pain that went into the legs, and pain in both hips. The documented examinations described tenderness in the upper and lower back with spasm, positive axial loading compression testing, positive Spurling's maneuver, decreased motion in the upper back joints, decreased sensation along the paths of the C5 and C6 and the L4 and L5 spinal nerves, tenderness in both hips, and a positive Fabere sign. The submitted and reviewed documentation concluded the worker was suffering from cervical discopathy and radiculitis and lumbar facet arthropathy/discopathy. Treatment recommendations included medications, consultation with a hip specialist, physical therapy, and follow up care.. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for eight sessions of physical therapy for the hips and cervical and lumbar regions twice weekly for four weeks. A physical therapy note dated 06/06/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the hips, cervical and lumbar spine:**  
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)

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the upper back that went into the arms and associated headaches, lower back pain that went into the legs, and pain in both hips. A physical therapy note dated 06/06/2014 reported a main goal of treated was establishing a self-directed exercise program. There was no discussion detailing reasons additional physical therapy sessions were required or explaining the expected benefits beyond those expected from the home exercise program. In the absence of such evidence, the current request for eight sessions of physical therapy for the hips and cervical and lumbar regions twice weekly for four weeks is not medically necessary.