

<b>Case Number:</b>	CM14-0212016		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Physical Medicine Rehab, 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 48 year-old patient sustained an injury on 10/15/14 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include 9 physical therapy visits for the cervical and lumbar spine 2-3/wk x 3 weeks. Diagnoses include neck and low back sprains and contusions. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Follow-up from the provider noted the patient reported no improvement from the completion of 6 PT visits. The patient continues with neck pain radiating to bilateral shoulders and low back pain radiating to the buttocks without noted numbness or tingling. Exam showed decreased lumbar range with axial pain without noted neurological deficits. The request(s) for 9 physical therapy visits for the cervical and lumbar spine 2-3/wk x 3 weeks was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nine physical therapy visits for the cervical and lumbar spine two to three times a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 6 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 9 physical therapy visits for the cervical and lumbar spine 2-3 week x 3 weeks is not medically necessary and appropriate.