

<b>Case Number:</b>	CM14-0217758		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old male who sustained an industrial injury related to continuous trauma occurring from 06/29/1992 to 09/19/2011 and a specific injury on 08/11/2011. He relates that due to continuous exposure to chemicals and pain he began to develop respiratory problems. He describes other injuries resulting in back pain, injury to hand and spine. Treatment to date included x-rays (showing no fracture) anti-inflammatory, proton-pump inhibitor and physical therapy. Diagnoses were thoracic pain, lumbar pain and cervical pain. He presented on 10/21/2014 complaining of headaches and neck pain radiating into his shoulders. He also complained of dull aching pain in the wrist, hands, mid back and lower back. Cervical spine exam showed pain and spasm with range of motion. There was tenderness and spasm over the lumbar and thoracic spine. Plan of treatment was for physical therapy to thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ?  
9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy 2 x 4 for the cervical spine is not medically necessary.