

<b>Case Number:</b>	CM14-0094246		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on June 7, 2013. He has reported neck and back injuries. The diagnoses have included cervical spine strain/sprain, thoracic spine strain/sprain. Treatment to date has included 9 completed physical therapy sessions, medications. Currently, the IW complains of neck and back pain. Physical findings revealed range of motion changes: neck and upper back 50-75% initially to 75-100%, and unchanged from 100% for the lower back. The records indicate his functional status has remained unchanged. The records indicate a physical therapy note of discharge on November 13, 2014, reports he received treatment over the past 2 months, and his 0-8/10 pain level has remained unchanged. On May 30, 2014, Utilization Review non-certified 12 physical therapy sessions, two times weekly for six weeks, for the cervical spine, thoracic spine, and lumbar spine. The MTUS guidelines were cited. On June 10, 2014, the injured worker submitted an application for IMR for review of 12 physical therapy sessions, two times weekly for six weeks, for the cervical spine, thoracic spine, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy visits, two times per week for six weeks, total 12 visits.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with neck and back pain. The current request is for twelve physical therapy visits, two times per week for six weeks, total 12 visits. The treating physician states on 3/28/14 (B26) "I have recommended a brief course of physical therapy with emphasis on core strengthening, trunk stabilization, and a neutral spine program." The patient has completed 9 session of physical therapy since the onset of his injury. MTUS guidelines indicate that Physical Therapy (PT) is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended. If all 12 additional treatment visits were authorized the current request would exceed MTUS Guidelines for physical therapy. The clinical records reviewed do not provided any compelling reason to perform additional PT. Additionally, there is no documentation that prior treatment produced objective functional improvements. There is no new injury reported and no new diagnosis is documented to explain the need for additional PT. The current request is not medically necessary and the recommendation is for denial.