

<b>Case Number:</b>	CM15-0000476		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/09/2008
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 48 year old male who sustained an industrial injury on 9/9/2008 and 5/10/2012. He has reported neck pain, bilateral upper extremities pain, parasthesias and weakness in the right greater than the left arm/hand. The diagnoses have included lumbar herniated nucleus pulposus. Treatment to date has included aqua therapy, injections, joint brace and medication management. Currently (July 13/2014), the IW complains of left knee pain and lumbar pain. The Request for Authorization included 12 visits of physical therapy to the lumbar region. On 12/5/2014, Utilization Review non-certified 12 visits of physical therapy to the lumbar region, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/2/2015, the injured worker submitted an application for IMR for review of 12 visits of physical therapy to the lumbar region.

### 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 6 weeks:** Upheld

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

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

**Decision rationale:** Aquatic therapy is a form of physical therapy and he already had aquatic therapy. The request is for an additional 12 visits of physical therapy. Chronic Pain, physical medicine guidelines list a maximum of 10 physical therapy visits for myalgia, neuralgia, neuritis. The period of treatment is 4 to 8 weeks. The injury was years ago. Most of the record provided for review is about neck and upper extremity symptoms. He had right carpal tunnel syndrome and degenerative changes of his cervical spine and lumbar spine. Also ACOEM, Chapter 12 Low Back Complaints states that the purpose of physical therapy is for education of a home exercise program and that only a couple of visits may be necessary. The requested 12 physical therapy exceed the maximum allowed number of physical therapy visits and in addition he also had aquatic therapy visits. Also, by this point in time from the injury, he should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time.