

<b>Case Number:</b>	CM15-0002221		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back, wrist, shoulder, and neck pain reportedly associated with an industrial injury of August 4, 2010. In a Utilization Review Report dated December 10, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as six sessions of the same. The claims administrator referenced a November 20, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant's medical-legal evaluator acknowledged that the applicant had been off of work and would remain off of work through January 1, 2015. On November 20, 2014, the applicant reported multifocal complaints of wrist pain, shoulder pain, neck pain, and low back pain reportedly attributed to cumulative trauma at work, exacerbated by sitting, standing, walking, bending, and lifting. The applicant exhibited a visibly slowed gait. The applicant was not performing activities which he did in the past, including camping, travelling, and biking. A TENS unit and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. Soma was apparently renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 4 weeks bilateral wrists, bilateral shoulders, neck, low back:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 8-8, 9-6, 11-7,12-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on agents such as Soma. The applicant continues to report difficulty-performing activities of daily living as basic as standing, sitting, bending, and lifting. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.