

<b>Case Number:</b>	CM15-0003464		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/09/2001
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California  
Certification(s)/Specialty: Family Practice

### 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 64 year old female who sustained an industrial injury on January 9, 2001. She has reported pain of the back and neck and has been diagnosed with cervicalgia, sciatica, thoracic or lumbosacral neuritis or radiculitis unspecified, and encounter for long term use of other medications. Treatment to date has included physical therapy and pain medications. Currently the injured worker complains of chronic neck pain, low back pain, and leg pain. The treatment plan included continuation of physical therapy and a home exercise program. On December 9, 2014 Utilization Review non certified Physical therapy 2-3 times a week for four weeks citing the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two to three (2-3) times a week for four (4) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary

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

**Decision rationale:** This patient's date of injury is 01/09/2001. This injured worker receives treatment for chronic neck, low back, and leg pain. The documentation shows that around July 2014, the patient had a flare up of the cervical region pain and 12 PT sessions were authorized. The treatment guidelines refer to PT as passive therapy. Physical therapy sessions are to be faded and replaced by active exercises, that is, a home exercise program by the patient. There is no adequate documentation about the reason additional PT sessions above and beyond the previous 12 are medically indicated. There is no mention of any new injury or surgical procedure that could justify a new round of PT session. Additional PT is not medically indicated.