

<b>Case Number:</b>	CM15-0007122		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 46 year old female, who sustained an industrial injury on June 5, 2014. She has reported bilateral shoulder pain, and mid back pain that radiates to the left hip. The diagnoses have included shoulder sprain, neck sprain, and lumbar spine sprain. Treatment to date has included physical therapy, medications, heat, and imaging studies. Currently, the injured worker complains of neck pain with numbness and tingling, and an improvement of the lower back pain. The treating physician is requesting physical therapy three times a week for four weeks for the injured worker's symptoms. On December 31, 2014 Utilization Review non-certified the request for physical therapy noting the lack of documentation to support the medical necessity of the service. The MTUS chronic pain medical treatment guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy 3 Times a Week for 4 Weeks for the Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 287-315, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks, Sprains and strains of neck = 10 visits over 8 weeks. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate any prior physical therapy (requested 6/14) but no results are noted. Patient also had PT in 2010. Per guidelines, an initial trial of six session and the results of this trial are necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request Outpatient Physical Therapy 3 Times a Week for 4 weeks for the Cervical and Lumbar Spine is not medically necessary.