

<b>Case Number:</b>	CM15-0007599		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/02/2015
<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: California, Arizona  
 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 28-year-old female who reported an injury on 05/20/2014. The mechanism of injury was the injured worker had her head in a jewelry safe and went to stand up and hit her head hard on the inside of the safe. The injured worker was noted to be treated with 12 sessions of physical therapy. The documentation of 11/26/2014 revealed the injured worker had headaches and was being sent to the neurologist for evaluation. The documentation of 12/24/2014 revealed the injured worker had left shoulder and neck constant pain. The low back pain was improved with physical therapy; however, the injured worker was noted to get sharp pains down the left leg only. The injured worker was utilizing ibuprofen as needed. A request was made for a continuation of physical therapy. The diagnostic studies were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy for Lumbosacral Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits of therapy for myositis, myalgia, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The request for 12 additional sessions would be excessive without re-evaluation. There was a lack of documented re-evaluation to support prior success with therapy and the need for continuation of therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for 12 sessions of physical therapy for lumbosacral spine is not medically necessary.

**Neurology Consult and Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide objective findings to support the necessity for a neurologic consultation. The documentation of 11/26/2014 revealed the injured worker had headaches and was being sent to the neurologist for evaluation. There was a lack of documentation of a failure of conservative management. Given the above, the request for neurology consult and evaluation is not medically necessary.

**2 Sessions of Physical Therapy for Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits of therapy for myositis, myalgia, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. There was a lack of documented re-evaluation to support prior success with therapy and the need for continuation of therapy. The injured worker

should be well versed in a home exercise program. Given the above, the request for 2 sessions of physical therapy for cervical spine is not medically necessary.

**2 Sessions of Physical Therapy for Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits of therapy for myositis, myalgia, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. There was a lack of documented re-evaluation to support prior success with therapy and the need for continuation of therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for 2 sessions of physical therapy for left shoulder is not medically necessary.