

<b>Case Number:</b>	CM15-0007905		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Arizona, Michigan

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 injured worker is a 72 year old female who sustained an industrial injury on March 16, 2012. She has reported pain in the cervical spine, lumbar spine, and right knee and has been diagnosed with status post knee arthroplasty, underlying disc disease low back, thoracic spine, multilevel disc disease cervical spine suggesting right C5-C6 denervation in the cervical spine, and right L5 radiculopathy in the lower extremities. Treatment to date has included medical imaging, surgery, physical therapy, medications, and acupuncture. Currently the injured worker complains of pain to the cervical spine, right upper extremity, thoracolumbar spine, right hip, right lower extremity, and bilateral knees. The treatment plan included pain medications. On December 9, 2014 Utilization review non certified physical therapy for cervical /lumbar spine (3x6) 18 sessions citing the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for The Cervical/Lumbar Spine 3 Times A Week for 6 Weeks:** Upheld

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

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

**Decision rationale:** Per the MTUS, physical medicine is recommended with very specific guidelines allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks. A review of the injured workers medical records reveal that she has had physical therapy and there is nothing in her current presentation that necessitates deviating from the guidelines, which recommend fading of treatment frequency and continuing with active self-directed home physical medicine. Therefore a request for Physical Therapy for The Cervical/Lumbar Spine 3 Times A Week for 6 Weeks is not medically necessary.