

<b>Case Number:</b>	CM15-0138710		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/13/1987
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Colorado

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 55 year old male who sustained an industrial injury on 10-13-87. Diagnoses are cervical spine myoligamentous sprain-strain, cervical disc protrusions, cervical degenerative disc disease, lumbar spine myoligamentous sprain-strain, lumbar disc protrusions, and right shoulder impingement syndrome. In a primary treating physician interim report-request for authorization for treatment dated 6-3-15, the physician notes the injured worker has completed 8 sessions of physical therapy with some benefit, although he does have persistent neck pain radiating towards the right shoulder. He has persistent low back pain as well. Objective findings are that there is tenderness in the cervical paravertebral muscles and upper trapezius region. Cervical spine range of motion causes increased pain in the cervical paravertebral muscles. He ambulates with a normal gait and no limp. There is slight tenderness in the lumbar paravertebral muscles. Lumbar range of motion is noted as flexion to 45 degrees, extension to 5 degrees and right and left lateral bending is to 10 degrees and all are with increased low back pain. The requested treatment is 8 sessions of physical therapy for the cervical-lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for cervical/lumbar spine: Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the records indicate he has completed 8 sessions of Physical Therapy for the neck and low back with some improvement. The Guidelines do not allow for more than 10 visits with patient's diagnoses, even with documentation of improvement. The additional 8 sessions requested exceeds maximum recommended number of Physical Therapy sessions, so is not medically necessary.