

<b>Case Number:</b>	CM15-0140646		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/11/2015
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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 47 year old male, who sustained an industrial injury on May 11, 2015. He reported back pain. Treatment to date has included medication. Currently, the injured worker complains of constant neck pain described as achy and dull and rated is at 7 on 10. He also reports constant low back pain described as achy and throbbing and is rated at 7 on 10. The injured worker is diagnosed with lumbar strain-sprain and cervical spine sprain-strain. A progress note dated May 11, 2015, states the injured worker has decreased cervical and lumbar spine range of motion. The following, physical therapy to the lumbar spine 6 sessions (2 x/week for 3 weeks) and physical therapy to the cervical spine 6 sessions (2x/week for 3 weeks) is requested to improve the injured workers range of motion and help alleviate his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions:** 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 Therapy, pages 98-99.

**Decision rationale:** The patient sustained a slip and fall and has received at least 4 formal PT sessions that was reported to be without benefit. Clinical exam is with intact motor strength and sensation without neurological deficits or ADL limitations demonstrated. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions is not medically necessary and appropriate.

**Physical Therapy, Cervical Spine, 2 times wkly for 3 wks, 6 sessions:** 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 Therapy, pages 98-99.

**Decision rationale:** The patient sustained a slip and fall and has received at least 4 formal PT sessions that was reported to be without benefit. Clinical exam is with intact motor strength and sensation without neurological deficits or ADL limitations demonstrated. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered

has not resulted in any functional benefit. The Physical Therapy, Cervical Spine, 2 times wkly for 3 wks, 6 sessions is not medically necessary and appropriate.