

<b>Case Number:</b>	CM15-0166144		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Hawaii

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 (IW) is a 58 year old male who sustained an industrial injury on 12-14-2014. He reported low back pain, shoulder and neck pain and headache. The injured worker was diagnosed as having lumbago, shoulder pain, cervicgia, headache, and pain in limbs. He also has high blood pressure. Treatment to date has included injections for pain, oral medications, recommendation of physical therapy, and a chest MRI with and without contrast (03-27-2015) (no report is included in the medical records). Currently from 07-15-2015, the injured worker complains of shoulder pain, neck pain and migraine. He rates his pain as currently a 9 on a scale of 0-10, averaging an 8 on a scale of 0-10. He notes 50% relief with pain treatments or medications. The pain interference with his general activity, walking ability; activities or mood is rated as a 9 on a scale of 0-10. The pain interference with relationships, sleeping, and enjoyment of life and activities of daily living is rated as an 8 on a scale of 0-10. There is no description of range of motion or specifics of when his pain occurs or how often it occurs or response to specific medications. There was no documented physical exam. A request for authorization was submitted for Physical therapy 2 times a week for 7 weeks, lumbar/cervical spine, shoulder, and limb. A utilization review decision (07-28-2015) declined the request for failure to meet evidence based guidelines for the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 7 weeks, lumbar/cervical spine, shoulder, limb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the shoulder, neck and head. The current request is for physical therapy 2 times a week for 7 weeks, lumbar/cervical spine, shoulder, and limb. The treating physician report dated 7/17/15 (9B) states, "Physical Therapy 2x a week for 7 weeks." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. It is unclear, according to the medical reports provided, if the patient has received prior physical therapy. The patient's status is not post-surgical. In this case, the current request of 14 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.