

<b>Case Number:</b>	CM15-0169165		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 40 year old male, who sustained an industrial injury on 11-03-2014 resulting in pain or injury to the head and shoulders. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, cervical strain or sprain, thoracic strain or sprain, lumbar strain or sprain, and bilateral shoulder strain or sprain. Medical records (02-04-2015 to 07-06-2015) indicate ongoing headaches, neck pain, bilateral shoulder pain, thoracic pain, and lumbar pain. Records also indicate no significant reduction in subjective pain levels, and no changes in activities of daily living. Per the treating physician's progress report, the injured worker has not returned to work. The physical exams, dated 02-04-2015 through 07-06-2015, revealed no changes in range of motion in the cervical, thoracic and lumbar spines. Additionally, there were no decreases noted in tenderness to these areas. Relevant treatments have included at least 15 sessions of physical therapy for the neck and back (per daily therapy notes) with improvement in subjective findings, but little to no improvement in objective findings. Other treatments have included work restrictions, and pain medications. The treating physician indicates that a MRI of the cervical spine (03-2015) showing mild superior rightward tilt, and 2-3mm disc bulging at C3-4 and C4-5 with moderate foraminal stenosis and mild central canal narrowing. The request for authorization (07-06-2015) shows that the following therapy was requested: 8 additional sessions of physical therapy to the cervical and thoracic spines, and bilateral shoulders (2 times per week for 4 weeks). The original utilization review (07-22-2015) denied the 8 additional sessions of physical therapy to the cervical and thoracic spines, and bilateral shoulders due to an unknown number of previous PT sessions with no indication of functional improvement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions to the cervical and thoracic spine and bilateral shoulders, 2 x 4:**  
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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing neck and back pain, headaches, problems concentrating, dizziness, blurred vision, nausea, sensitivity to light and sound, and problems sleeping. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight additional physical therapy sessions for the upper and mid-back regions and both shoulders done twice weekly for four weeks is not medically necessary.