

<b>Case Number:</b>	CM15-0182541		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Massachusetts

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 51-year-old female who sustained an industrial injury 6-12-2015. Diagnoses have included sprain or strain of the lumbar region, hip, thigh, knee, ankle and unspecified fall. X-ray noted to reveal no fracture or dislocation. Documented treatment for these injuries includes Motrin and Tylenol when she was first injured and she was taken off work with no improvement. No other treatments for these injuries are noted in the medical records provided. The injured worker reports neck pain radiating to the upper left trapezius muscle characterized as "frequent, severe, dull, achy, stiffness, heaviness, and weakness." She also reports low back pain radiating to her lower extremities with numbness and tingling. No pain rating was provided. The physician noted "decreased and painful" range of motion to both the neck and low back areas with muscle spasms and +3 tenderness to palpation. The treating physician's plan of care includes physical therapy for 6 weeks at 3 times per week for the neck and low back. This was denied on 9-14-2015. She has not worked since 6-12-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the Lumbar and Cervical Spines 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The current request is for 3 times a week for 6 weeks. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are not medically necessary at this time due to request being beyond the period of initial treatment duration.