

<b>Case Number:</b>	CM15-0194249		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female who sustained an industrial injury September 5, 2014. Diagnoses are carpal tunnel syndrome; disorders of the bursae and tendons in the shoulder region; displacement of the cervical intervertebral disc; lumbosacral spondylosis without myelopathy. A primary treating physician's examination February 26, 2015, revealed stiffness and spasm of the cervical spine on examination with back pain with radiation to the right lower extremity; positive Tinel's and Phalen's in the right wrist. The physician further documented that electrodiagnostic studies of the upper extremities revealed no evidence of carpal or cubital tunnel syndrome or cervical radiculopathy. There was bilateral shoulder impingement with trapezial spasm present and lumbar spine disc collapse at L5-S1 with numbness in the right foot. A qualified medical evaluation dated May 14, 2015, revealed the injured worker underwent a psychiatric evaluation and was recommended for stress management classes. Impressions included status post cumulative trauma injuries, headache complaints, cognitive impairment, orthopedic complaints and sleep impairment. According to a physical therapist re-evaluation dated June 22, 2015, the injured worker has received 11 sessions of physical therapy since evaluation May 8, 2015. She presents with improvements in mobility and functional endurance and is compliant with a home exercise program. He further documents that therapy is about to expire and unaware if more will be ordered. At issue, is a request for authorization for physical therapy. According to utilization review dated September 1, 2015, the request for Physical Therapy (12) 2 x 6 is non-certified.

## 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 6 weeks, quantity: 12 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment, (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in September 2014 and continues to be treated for neck and back pain. She received physical therapy in September 2014 and was discharged in November 2014 after failing to follow up for treatments. Recent treatments include physical therapy. From 05/08/15 through 06/22/15, she completed six weeks of therapy and 11 treatments were provided. She had improved mobility and strength and was compliant with a home exercise program. When seen, she had completed physical therapy for the cervical spine, which had helped a little. She had spasms, which were returning. She was trying to perform a home exercise program but indicated that she was getting better relief when working with a therapist. Physical examination findings included stiffness throughout the spine and cervical and lumbar spasms. Straight leg raising was positive on the right side. Authorization is requested for an additional 12 therapy treatments. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy for the cervical spine. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Providing the number of requested additional skilled physical therapy services would not reflect a fading of skilled treatments and could promote further dependence on therapy provided treatments, which is already apparent in this case. The request is not medically necessary.