

<b>Case Number:</b>	CM15-0200672		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

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

This is a 38 year old female who sustained a work-related injury on 10-27-13. Medical record documentation on 8-28-15 revealed the injured worker was being treated for a thoracic herniated disk which resulted in a conus medullaris compression and damage to her spinal cord. She continued with neuropathic pain and had weakness in the legs. The evaluating physician noted she was stable from surgery and her back was "looking good" but the provider had a primary concern in the bladder. Her physical examination was documented as "the same. The problems are the same. Nothing is really changing." She was doing physical therapy which was "excellent for her." The documentation included physical therapy progress notes from eleven sessions from 7-13-15 through 9-8-15. On 9-8-15 the physical therapy noted that the injured worker was currently not working. She reported that her physical therapy was helping. Her range of motion had improved and her pain was better having improved from an initial rating of 5 on a 10-point scale to 3 on a 10-point scale. A request for eight (8) sessions of physical therapy was received on 9-14-15. On 9-18-15, the Utilization Review physician determined eight (8) sessions of physical therapy was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; Eight (8) Sessions (2x4): Upheld**

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

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

**Decision rationale:** Physical Therapy; eight (8) Sessions (2x4) is not medically necessary per the MTUS Guidelines. The MTUS recommends a transitioning of therapy from a supervised therapy program to an independent home exercise program. The MTUS recommends up to 10 visits for neuralgia, neuritis, radiculitis. The documentation is not clear on specific objective increase in function from prior therapy visits therefore additional therapy is not medically necessary.