

<b>Case Number:</b>	CM15-0203213		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Ohio, California  
 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 is a 56 year old female with an industrial injury dated 12-11-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine herniated nucleus pulposus, lumbar spine strain, and left shoulder impingement. In a progress report dated 08-03-2015, the injured worker reported neck and lower back tightness. The injured worker reported recently falling on 07-15-2015 while walking. Her left leg tripped due to dragging and weakness on left leg. The fall was similar to her fall on "10-22-2015". The injured worker had rib soreness and had to use a cane. Some of the medical documents are difficult to decipher. According to the progress note dated 09-16-2015, the injured worker reported ongoing pain in the neck, low back and left shoulder. Objective findings (08-03-2015, 09-16-2015) revealed tenderness to palpitation in the cervical spine, positive Spurling's and spasm. Lumbar spine exam (08-03-2015, 09-16-2015) revealed tenderness to palpitation of paraspinal with spasms. Left shoulder exam (09-16-2015) revealed positive Neer's and Hawkin's test. Treatment has included cervical fusion C3-5, lumbar fusion L4-S1, Cervical and Lumbar MRI, unknown amount of physical therapy sessions, trigger point injection (ESI) prescribed medications, and periodic follow up visits. The treatment plan consisted of medication management and physical therapy. The injured worker remains off work. The utilization review dated 09-24-2015, non-certified the request for continued physical therapy 2x week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy 2x Week for 6 weeks: 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:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.