

<b>Case Number:</b>	CM15-0204654		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/16/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57-year-old female, who sustained an industrial injury on 03-16-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical degenerative disc disease, lumbosacral degenerative disc disease, neck sprain, and lumbar sprain. Medical records (03-16-2015 to 09-02-2015) indicate ongoing neck pain, low back pain and right shoulder pain. Pain levels were rated 9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-02-2015, revealed positive impingement signs in the right shoulder, and restricted range of motion (ROM) in the cervical and lumbar spines. Relevant treatments have included: at least 6 sessions of physical therapy (PT) with some progress but continued severe pain, work restrictions, and pain medications. The treating physician indicates that MRI studies have shown bursitis or tendinosis in the right shoulder, and disc bulges in the cervical and lumbar spines with stenosis. The request for authorization (09-02-2015) shows that the following therapy was requested: an additional 14 sessions of PT for the cervical and lumbar spines and right shoulder. The original utilization review (09-22-2015) no-certified the request for the additional 14 sessions of PT for the cervical and lumbar spines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for seven weeks, Lumbar spine, Cervical spine Qty: 14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times seven weeks for the lumbar and cervical spine (#14 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical disc degeneration; lumbar/lumbosacral disc degeneration; strain of neck; and lumbar sprain. Date of injury is March 16, 2015. Request for authorization is dated September 15, 2015. According to the utilization review, treating provider requested 18 sessions of physical therapy June 8, 2015 that was subsequently modified to #6 sessions to the cervical, lumbar spine and right shoulder. The documentation indicates #4 additional sessions of physical therapy were provided before that request (total #10). According to a September 2, 2015 progress note, the injured worker was approved for pain management, but the treating provider was having difficulty locating an MPN provider. There are no subjective complaints documented in the progress note. Objectively, there is positive impingement in the right shoulder decreased range of motion. The results of decreased range of motion of the cervical and lumbar spine. The guidelines recommend 10 physical therapy sessions over five weeks for sprains of the shoulder and low back. There is no documentation demonstrating objective optional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy two times per week times seven weeks for the lumbar and cervical spine (#14 sessions) is not medically necessary.