

<b>Case Number:</b>	CM15-0206414		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

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 30 year old female, who sustained an industrial injury on 4-15-2014. Diagnoses include cervical strain and bilateral shoulder strain. Treatments to date include anti-inflammatory and topical icy-hot and home exercises. The records indicated she was evaluation and treated for pain in the neck, low back, and bilaterally shoulders. On 10-6-15, she complained of ongoing neck and back pain and bilateral shoulder pain. The physical examination documented trigger points were noted in cervical and lumbar regions. There was decreased cervical range of motion documented. The plan of care included continuation of anti-inflammatory and therapeutic exercise for four weeks. The appeal requested authorization for eighteen (18) physical therapy sessions. The Utilization Review dated 10-15-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #18(3 x week x6 week): 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:** The patient presents with pain in the neck, bilateral shoulders, and low back. The request is for Physical Therapy #18(3 x week x6 week). Physical examination to the cervical spine on 10/06/15 revealed trigger points over the trapezius and rhomboid muscles bilaterally. Range of motion was restricted with pain. Examination to the lumbar spine revealed trigger points over the L5 and sciatic notches bilaterally. Per 10/07/15 Request For Authorization form, patient's diagnosis include neck pain, back pain, and bilateral shoulder pain. Patient is permanent and stationary. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."The treater has not addressed this request. Review of the medical records provided did not indicate prior physical therapy. The patient continues with pain in the lower back, neck, and bilateral shoulders. Given the patient's continued pain, a short course of therapy is reasonable and supported by the guidelines. However, the guidelines support up to 10 sessions of physical therapy and the request for 18 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.