

<b>Case Number:</b>	CM15-0206436		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<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 37-year-old female, who sustained an industrial injury on 12-17- 2012. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for lumbar spine strain, cervical spine strain, shoulder sprain-strain, calcaneus strain, and ankle-foot sprain-strain. Treatment and diagnostics to date has included physical therapy. Subjective data (07-29-2015 and 09-21-2015), included chronic cervical and lumbar spine pain. Objective findings (09-21-2015) included cervical spine flexion 45 degrees, extension 40 degrees, lumbar spine forward flexion 80 degrees, extension 20 degrees, and straight leg raise 90 degrees bilaterally. The Utilization Review with a decision dates of 09-29-2015 non-certified the request for physical therapy 2-3 x weeks x 6 weeks for the cervical and lumbar spine, #18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times a week for 6 weeks cervical/lumbar qty: 18.00: 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 cervical and lumbar spines. The request is for PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS CERVICAL/LUMBAR QTY: 18.00. Examination to the cervical and lumbar spines on 09/21/15 revealed limited range of motion. Per 07/29/15 progress report, patient's diagnosis includes lumbar spine strain, cervical spine strain, shoulder sprain/strain, calcaneus strain, and ankle and foot sprain/strain. Patient's medications, per 06/15/15 progress report include Naproxen, and Ultram. Patient's work status is modified duties. The 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 discussed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has had unspecified sessions of physical therapy. The treater however, has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the treater has not discussed why additional therapy is needed and why the patient cannot transition into a home based exercise program. Additionally, the guidelines allow up to 10 sessions of therapy and the requested 18 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.