

<b>Case Number:</b>	CM15-0029729		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 47 year old female with an industrial injury date of 06/26/2014. The mechanism of injury is documented as a motor vehicle accident. She presented on 02/04/2015 with complaints of neck, right shoulder and low back pain. Examination of the cervical spine revealed point tenderness upon palpation about the posterior neck. Range of motion was decreased as follows: Flexion 40 degrees; Extension 20 degrees; Lateral bend to the right 20 degrees; Lateral bend to the left 20 degrees; Rotation to the right and left both at 60 degrees. Lumbar spine revealed spasm in the lower lumbar region with tenderness upon palpation. Flexion was normal at 60 degree. Extension, lateral bend to the right and to the left was 20 degree. Exam of the shoulders noted positive Neer and Hawkins's test bilaterally. Flexion and abduction were normal. Internal and external rotation was decreased at 60 degrees. MRI of lumbar spine (as noted in progress note) demonstrates 3 mm disc bulges at lumbar 3-4, lumbar 4-5 and lumbar 5 sacral 1. Prior treatments include steroid injections, injection for pain, physical therapy and medications. Diagnoses: Cervical spine, disc bulge- Lumbar spine, disc bulge; Right shoulder, impingement syndrome with rotator cuff tear; Right hand, carpal tunnel syndrome; Left hand, carpal tunnel syndrome; Headaches associated with neck pain On 02/13/2015 the request for physical therapy to cervical and lumbar area three times a week times four weeks was non-certified by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical and lumbar regions, three times weekly for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, low back sections, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar and cervical region three times per week times four weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine, disc bulge; lumbar spine, disc bulge; and right shoulder, impingement syndrome with rotator cuff tendinitis. The documentation indicates the injured worker received prior physical therapy. Documentation from June 26, 2014 indicates the injured worker received #4 physical therapy sessions that aggravated the injured worker's pain symptoms. On November 15, 2014, twelve (12) sessions of physical therapy were authorized. The last progress note contains follow-up visit number three. There is no documentation with objective functional improvement. Additionally, the guidelines state: "When treatment duration and or number of visits exceeded the guideline, exceptional factors should be noted". There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement to support additional physical therapy, physical therapy lumbar and cervical region three times per week times four weeks is not medically necessary.