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| <b>Case Number:</b>   | CM15-0210411 |                              |            |
| <b>Date Assigned:</b> | 10/29/2015   | <b>Date of Injury:</b>       | 07/14/2014 |
| <b>Decision Date:</b> | 12/10/2015   | <b>UR Denial Date:</b>       | 10/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/26/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female, who sustained an industrial injury on 7-14-2014. A review of the medical records indicates that the injured worker is undergoing treatment for limb pain, cervical sprain-strain, lumbar sprain-strain, and cervical radiculopathy. On 9-30-2015, the injured worker reported chronic neck pain, low back pain, and bilateral foot pain. The Primary Treating Physician's report dated 9-30-2015, noted three views of the right foot were obtained using plain radiography with no evidence of fracture, dislocation, or other gross deformity following a fall the day before with increased pain over the dorsal aspect of her right foot. The physical examination was noted to show an antalgic gait with guarding, spasm, and tenderness noted in the paravertebral musculature of the cervical and lumbar spines with painful decreased range of motion (ROM) on flexion, extension, and lateral rotation with painful decreased range of motion (ROM) on plantar flexion and dorsiflexion of the bilateral feet. Prior treatments have included multiple sessions of physical therapy and chiropractic treatments. The treatment plan was noted to include a request for physical therapy to the bilateral feet, cervical spine, and lumbar spine. A physical therapy note dated 3-30-2015 was noted to be visit #12 with pain reduced and improved exercise tolerance. The request for authorization was noted to have requested physical therapy 3 times per week for 4 weeks for the cervical spine. The Utilization Review (UR) dated 10-20-2015, non-certified the request for physical therapy 3 times per week for 4 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x/week for 4 weeks for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2014 when she was struck on the top of her head by a falling garage door with a fall and loss of consciousness. Treatments included physical therapy and chiropractic care without reported improvement of any of her symptoms. When seen, she had ongoing complaints of chronic neck, low back, and bilateral foot pain. Physical examination findings included an antalgic gait. There was cervical and lumbar guarding with spasms and decreased range of motion. There was dorsal foot and plantar fascia tenderness with decreased and painful range of motion. There were mild left L5 and S1 dysesthesias. Authorization for physical therapy is being requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not considered medically necessary.