

<b>Case Number:</b>	CM15-0221620		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female, who sustained an industrial injury on 10-10-2011. She reported pain of her low back, neck, right upper extremity and right leg. According to documentation, the injured worker was diagnosed with carpal tunnel syndrome, severe disc degeneration, bilateral upper extremity radicular pain, lumbar spine disc syndrome with radiculopathy and rule out impingement of the right shoulder. Subjective findings dated 8-20-2015, 9-15-2015 and 10-7-2015 and were notable for cervical and lumbar spasm with continued wrist weakness aggravated with standing, walking, stairs and bending, rating pain as 2-4 out of 10 at best and 5 out of 10 at worst, stating there is improvement in shoulder from physical therapy and she would like to continue physical therapy of the right shoulder. Objective findings dated 6-20-2015, 8-20-2015, 9-2-2015 & 9-15-2015, were notable for tenderness on palpation over the bilateral lumbar paraspinal regions overlying L4-L5 (lumbar) and L5-S1 (sacral) facet joints, painful to deep palpation of the right sacral, right and left quadratus lumborum, and tenderness with increased tissue tension and painful to deep palpation tenderness of the SI joint line. Treatments to date have included chiropractic and physical therapy (received at least 13 PT visits for lumbar/cervical pain since 7-30-2015), facet injections, Norco, Soma, Vicodin, Tramadol, Omeprazole, and Atenolol. The Utilization Review determination dated 10-26-2015 did not certify prospective treatment/service requested for 12 physical therapy visits for the cervical and lumbar spine and the right shoulder between (10-21-2015 and 12-05-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Visits for cervical spine, lumbar spine, and right shoulder:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency. (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended. (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program. (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. (5) 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 a negative direction (prior to continuing with the physical therapy). & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Per the documentation submitted for review, the injured worker was noted to have received at least 13 physical therapy visits for lumbar/cervical pain since 7/30/15. At this point in time, the injured worker should have been transitioned to a self- directed home based therapy. No exceptional factors were documented which would warrant further physical therapy. The request is not medically necessary.