

<b>Case Number:</b>	CM15-0034131		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 61 year old, a male patient, who sustained an industrial injury on 05/01/2006. A QME visit dated 01/16/2015 reported present complaint of occasional stiffness of the right side of face, particularly around the eye/mouth. It happens during stressful situations. He states his right eye droops, and his speech becomes slurred. He also has complaint of a dull sensation in his entire right arm; as well as being stiff. During the cold weather his right arm seems to stiffen in a flexed posture at the elbow. He also has a dull sensation to his entire right leg; with occasion cramping. he is prescribed the following; Lisinopril, metoprolol, pravastatin and Metformin. Objective findings showed right wrist with no strength at all and he is unable to use his right hand/fingers. The following diagnoses are applied; status post left ganglia hypertensive hemorrhage; stust post right side dense hemitplegia and now presenting with right side hemiparesis secondary to hypertensive hemorrhage. A request was made for 12 physical therapy sessions treating the right upper and lower extremities. On 01/28/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Page 99, Physical Medicine Guidelines were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 Right Upper and Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the 12/10/2014 report, this patient presents with stiffness of the right side of face, particularly around the eye/mouth. The current request is for Physical Therapy 3 x 4 Right Upper and Lower Extremity. The request for authorization is not included in the file for review and the patient's work status is TTD. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review show no previous therapy and there is no discussion regarding the patient's progress. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. MTUS page 8 requires that the treating physician provides monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The request IS NOT medically necessary.