

<b>Case Number:</b>	CM15-0034457		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 49-year-old female who sustained an industrial related injury on 5/1/12 due to a fall. The injured worker had complaints of cervical pain with radiculitis, right shoulder pain, right wrist/hand pain, and low back pain with sciatica. Diagnoses included cervical sprain/strain, lumbar sprain, sprain of unspecified site of shoulder and upper arm, stress, anxiety, and depression. The treating physician requested authorization for additional physical therapy 6x6 for the cervical spine, right shoulder, and lumbar spine. On 1/28/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documented significant functional improvement with therapy to date. Additional physical therapy would exceed guideline recommendations. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy six visits over six weeks for cervical, right shoulder and lumbar:**

Overturned

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

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

**Decision rationale:** Based on the 06/24/14 progress report, the patient presents with cervical pain with radiculitis, right shoulder pain, right wrist/hand pain, and low back pain with sciatica. The request is for PHYSICAL THERAPY SIX VISITS OVER SIX WEEKS FOR CERVICAL , RIGHT SHOULDER AND LUMBAR. Per RFA dated 07/29/14, the patient's diagnoses included cervical sprain/strain with radiculopathy, lumbar sprain, sprain of unspecified site of shoulder and upper arm, stress, anxiety, and depression. Per AME dated 09/17/14, treatment to date has included massage, electrical muscle stimulation, 9 trigger point injections, therapeutic exercises and a course of acupuncture over a six month period. The patient was also issued a walker. The patient has been off work since 2012, per AME dated 09/17/14. MTUS pages 98, 99 have the following: "Physical Medicine: 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." In this case, the treater report is handwritten and is illegible. Treater has not provided a reason for the request. There is no documentation of prior or recent physical therapy in the provided medical reports. The patient continues to struggle with chronic and persistent pain for which a short course of therapy may be reasonable. Given that the request is for 6 sessions, within what is allowed per MTUS, the request IS medically necessary.