

<b>Case Number:</b>	CM15-0053667		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 48 year old male who sustained a work related injury on August 28, 2011, incurring multiple injuries due to repetitive motions and activities. He was diagnosed with cervical spine disc disease and radiculopathy, bilateral carpal tunnel syndrome and bilateral knee internal derangement. Treatment included physical therapy, acupuncture sessions, aqua therapy, and Magnetic Resonance Imaging (MRI) and pain medications. Currently, the injured worker complained of constant low back pain, neck pain, mid back pain, knee and wrist pain. The treatment plan that was requested for authorization included physical therapy for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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-related injury in August 2011 and continues to be treated for chronic spine, knee, and wrist pain. Treatments included a course of physical therapy beginning in September 2014. 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 claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. The additional physical therapy was not medically necessary.