

<b>Case Number:</b>	CM15-0060411		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old female, who sustained an industrial injury on 9/5/14. She reported pain in her neck, back, right shoulder and right knee related to a slip and fall accident. The injured worker was diagnosed as having cervical strain, right shoulder contusion, lumbar strain and right knee contusion. Treatment to date has included physical therapy x 6 sessions, lumbar x-rays and pain medications. On 1/10/15, the injured worker was seen at the emergency department for 10/10 pain in her lower back. As of the PR2 dated 2/13/15, the injured worker reports 9/10 pain that is better with physical therapy. The treating physician requested to continue physical therapy x 8 sessions for the cervical/lumbar spine, right knee and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly, cervical/lumbar spine, right knee/shoulder, per 3/14/15**  
**Quantity: 8.00:** 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 manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. The MTUS does not recommend manual therapy and manipulation in cases of chronic knee pain, etc. In this case, the request for a total of 8 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy, especially in light of prior completion of therapy with questionable benefit, is not considered medically necessary.