

<b>Case Number:</b>	CM15-0238411		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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 61-year-old female who sustained an industrial injury March 11, 2003. History included bilateral carpal tunnel release. Diagnoses are thoracic or lumbar radiculitis; myofascial pain disorder; chronic pain; low back pain, degenerative disc disorder; left sciatic flare-up. According to treating physical therapists, notes dated July 20, 2015; the injured worker was discharged from therapy after completing four authorized sessions. She reported reduced pain since undergoing therapy. She was provided with HEP (home exercise program) that focused on increasing lumbar spine stability and hip strength. According to a primary treating physician's progress report dated October 26, 2015, the injured worker presented with complaints of poor pain control due to the tapering of medication causing a decrease in activity and stress. She also reported sciatica from the low back to the left buttock and down the left leg. The back pain radiates to the right leg, greater than left with a decline in walking endurance from 3-4 blocks to 1-2 blocks. Objective findings included; slow guarded stooped posture, antalgic gait, straight leg raise aggravates pain down to the right popliteal beyond 37 degrees, sensitive to palpation left piriformis area; right shoulder; range of motion diminished compared to left. She has poor tolerance to standing, walking, sitting and unable to perform daily general stretching exercises. She report right shoulder pain aggravated by repetitive activity, extending to thumb fingers with difficulty manipulating objects with hands. Treatment plan included medical; topical creams and Hydrocodone-APAP, lumbar brace, continue with home exercise, and a walker. At issue, is the request for authorization for physical therapy x 12. Toxicology reports dated May 18, 2015 and August 24, 2015 are present in the medical record. According to utilization review dated November 3, 2015, the requests for Physical Therapy 12 sessions were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12-sessions:** 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 rationale:** Based on progress report dated 10/26/15, the patient presents with sciatica from low back to left buttock, down left leg and right shoulder/arm pain. The request is for PHYSICAL THERAPY 12-SESSIONS. The request for authorization form is dated 10/26/15. Patient's diagnoses include T or L radiculitis; myofascial pain disorder; chronic pain Sx; low back pain, DDD; DJD, O.A. multiple joints; left sciatica flare up. Physical examination reveals right shoulder range of motion diminished compared to left side. DTR 2+ symmetrical, no clonus. SLR aggravates pain down to the right popliteal beyond ~37 degrees, sensitive to palpation to the left piriformis area. Herberden's nodes in multiple DIPs. Well-healed CTS release scars, palpatory tender in the MCP joints. Patient's medications include Embeda, Norco, Celebrex, Linzess, and Amitiza. The patient is P&S. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Per progress report dated 10/26/15, treater's reason for the request is "she finished all approved 4x PT with benefit but not sustained long so, request additional." Given the patient's condition, a short course of Physical Therapy would appear to be indicated. However, per physical therapy report dated 07/20/15, the patient had 4 visits. The request for 12 additional sessions of Physical Therapy would exceed what is recommended by MTUS guidelines for non post-op conditions. Additionally, the treater does not discuss or explain why the patient cannot transition into a home exercise program. Therefore, the request IS NOT medically necessary.