

<b>Case Number:</b>	CM13-0004073		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year-old female Mental Health worker sustained an injury on 5/5/08 while employed by [REDACTED]. Request under consideration include 9 Physical therapy visits for the cervical, thoracic, and lumbar spine. QME report of 12/5/11 from [REDACTED] noted the patient with neck and mid back pain without radiation and low back pain with intermittent radiation to right thigh. Medical history included hypertension and diabetes. Exam showed DTRs 2+ symmetric, functional range without tenderness in low back; diffuse tenderness of cervical paraspinal and upper trapezius; 5/5 in all upper and lower extremity groups with intact sensation. Future medical provision noted to only consist primarily of supportive measures with occasional follow-up visits and oral analgesics. No further PT, acupuncture, and chiropractic sessions are indicated. She was declared P&S on 1/27/11. Review of file indicates the patient has had 6 massage sessions, 6 acupuncture visits, 6 chiropractic visits, and at least 15 physical therapy visits. No other information is available related to indication and necessity for the additional physical therapy visits. Request was non-certified on 7/10/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nine (9) Physical therapy visits for the cervical, thoracic, and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 57 year-old female Mental Health worker sustained an injury on 5/5/08 while employed by [REDACTED]. Request under consideration include 9 Physical therapy visits for the cervical, thoracic, and lumbar spine. QME report of 12/5/11 from [REDACTED] noted the patient with neck and mid back pain without radiation and low back pain with intermittent radiation to right thigh. Medical history included hypertension and diabetes. Exam showed DTRs 2+ symmetric, functional range without tenderness in low back; diffuse tenderness of cervical paraspinal and upper trapezius; 5/5 in all upper and lower extremity groups with intact sensation. Future medical provision noted to only consist primarily of supportive measures with occasional follow-up visits and oral analgesics. No further PT, acupuncture, and chiropractic sessions are indicated. She was declared P&S on 1/27/11. Review of file indicates the patient has had 6 massage sessions, 6 acupuncture visits, 6 chiropractic visits, and at least 15 physical therapy visits. No other information is available related to indication and necessity for the additional physical therapy visits. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 15 therapy sessions per report without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2008 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 9 Physical therapy visits for the cervical, thoracic, and lumbar spine is not medically necessary and appropriate.