

<b>Case Number:</b>	CM14-0122660		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/11/1988
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/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:

The employee was a 61 year old female who sustained an industrial injury on 11/04/1988. She was being treated for neck pain. The details of her prior evaluation and treatment were not given in the medical record provided. Her notes from 06/20/14 were reviewed. She was using over the counter Motrin for pain. Her IMR request for HELP evaluation and Elavil had been denied. She was noted to be working part time. While awaiting outcome of the requests, the provider wanted patient to have Physical therapy for postural abnormalities and myofascial pain. Her diagnoses included neck sprain and myalgia/myositis. A request was sent for Physical therapy 10 sessions, one to two times per week for neck sprain and myofasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for five weeks for neck sprain and myofasciitis:** Upheld

**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:** According to Chronic Pain Medical Treatment guidelines, 9 to 10 visits of Physical therapy are recommended over 8 weeks for myalgia and myositis, and allow for fading

frequency, from 3 visits a week to 1 or less, plus active self-directed exercises. The submitted records have no information on prior evaluation and treatment. She is approximately 25 years from the initial injury and had ongoing pain. It is not clear if she had any recent physical therapy. The request for physical therapy twice a week for 5 weeks is not medically necessary or appropriate.