

<b>Case Number:</b>	CM14-0129643		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old male was reportedly injured on 8/3/2004. The mechanism of injury is not listed. The most recent progress note dated 1/22/2014, indicates that there are ongoing complaints of neck, right shoulder and low back pain. Physical examination demonstrated pain at L3-S1; right shoulder: bump at AC joint and popping with motion; and no tenderness to cervical spine. No recent diagnostic imaging studies available for review. Diagnosis: sprain/strain cervical spine and disk protrusion, lumbar spine. Previous treatment includes 34 Sessions of Physical Therapy and yoga. A request had been made for 24 sessions of physical therapy, which was not medically necessary in the utilization review on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines

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

**Decision rationale:** MTUS guidelines support the use of Physical Therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 8-10 visits over 4 weeks. Review of the available medical records demonstrates 34 sessions of physical therapy and yoga. The current request for #24 additional physical therapy visits exceeds the allowable amount supported by the chronic pain treatment guidelines. As such, this request is not considered medically necessary.