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| <b>Case Number:</b>   | CM14-0134802 |                              |            |
| <b>Date Assigned:</b> | 08/27/2014   | <b>Date of Injury:</b>       | 12/03/2003 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 07/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2014 |

### 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 injured worker is a 62-year-old female who was reportedly injured on December 3, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 14, 2014, indicated that there were ongoing complaints of neck, right shoulder, bilateral wrists, bilateral knees and low back pain. The physical examination demonstrated tenderness to palpation of the cervical spine with muscle spasm. A decrease in range of motion was also noted. Sensation was also reduced. There was diffuse tenderness throughout the right upper extremity and there was tenderness to palpation in the lower lumbar region. Diagnostic imaging studies were not discussed in the progress note. Previous treatment included cervical spine fusion surgery, carpal tunnel release, trigger thumb release, multiple medications and pain management interventions. A request was made for physical therapy and was not certified in the pre-authorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with massage 2 times a week for 4 weeks QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines and Massage Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

**Decision rationale:** As noted in the MTUS Guidelines, therapy can be recommended in specific interventions. However, this should be limited to 4-6 visits. Furthermore, there needs to be a discussion as to the specific areas being targeted and the symptoms that are being addressed. The request then is overly vague, and a specific determination cannot be established. Therefore, when noting the date of injury, the injury sustained, the treatment to date and the lack of clinical information, this request is not medically necessary.