

<b>Case Number:</b>	CM14-0162640		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. 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, Pain Management

### 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 is a male who suffered an industrial related injury on 11/30/06. A physician's report dated 2/5/14 noted the injured worker had complaints of neck and low back pain. The injured worker was taking Tramadol and Motrin. Diagnoses included a 3mm bulging disc at C5-6 and 2mm bulging disc at L4-5 and L5-S1. A physician's report dated 7/9/14 noted the injured worker had attended physical therapy. Physical examination revealed cervical range of motion was 70 degrees of flexion and 70 degrees of extension. Deltoids were 5/5, biceps were 5/5, and wrist flexors and extensors were 5/5. His low back revealed spasms. A straight leg test was positive. A physician's report dated 12/10/14 noted additional physical therapy was recommended. The injured worker's status was noted to be permanent and stationary. On 9/5/14 the utilization review (UR) physician denied the request for physical therapy 3 times per week for 4 weeks. The UR physician noted there were limited significant objective functional limitations noted aside from subjective complaints. The medical records provided did not indicate details pertaining to prior conservative measures attempted aside from medications and injections. Therefore the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three (3) times a week for four (4) weeks (12 sessions): 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): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. At this juncture, the date of injury is remote and the patient has likely undergone prior PT courses. Unfortunately, there is no comprehensive summary of the PT done to date, the outcome of this PT, or documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. A progress note on December 10, 2014 states in the treatment plan that physical therapy is recommended without commentary on prior therapy. Therefore additional physical therapy as originally requested is not medically necessary.