

<b>Case Number:</b>	CM14-0219013		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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

### 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 was a 27 year old male, who suffered an industrial injury October 13, 2014. The injured worker was injured in an automobile accident injuring neck, low back, tail bone and both knees. The injured worker was seen in the emergency department for injuries. The X-ray of the left knee left knee, cervical spine, lower back and pelvis were negative for fractures. The right knee needed 7 sutures. The injured worker was diagnosed with cervical spine sprain with radiculopathy, acute lumbar spine sprain, traumatic chondromalacia of the patella both knees and contusion of the sacrococcygeal region and both knees. The injured worker started physical therapy and was taking Naprosyn to relieve symptoms. On November 13, 2014, the primary physician requested 12 session of physical therapy for the neck and low back. On December 2, 2014, the primary provider requested further physical therapy to increase functional level. The injured worker had continued complaints of lower back and bilateral knee pain. The documentation submitted for review did not include physical therapy progress notes. On December 17, 2014, the UR denied physical therapy for the cervical and lumber spine 3 times a week for 4 weeks. The denial was based on November 20, 2014, the UR already certified 12 sessions of physical therapy. There was no indication for extension of physical therapy prior to completion of all certified session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical and lumbar spine, 3x4, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114

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

**Decision rationale:** This patient presents with neck pain, lower back pain, pain radiating into the bilateral legs, and left upper extremity pain. The treater has asked for PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE 3X4 QTY: 12 on 12/2/14 . Review of the reports do not show any evidence of any recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently not working per 12/2/14 report. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.