

<b>Case Number:</b>	CM14-0061551		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 40 year old male, who sustained an industrial injury on 4/30/2011. Diagnoses include status post 18 foot fall, posttraumatic head syndrome with cephalgia, cervical sprain/strain, cervical spine mild degenerative disc disease at C5-6, bilateral shoulder sprain/strain, bilateral shoulder impingement syndrome, transverse process fractures, sacroiliac joint injury with displacement, right superior and inferior pubic ramus fractures Treatment to date has included diagnostics including magnetic resonance imaging (MRI), and electrodiagnostic testing, consultations, psychotherapy and medications. Per the Primary Treating Physician's Review of Records dated 5/24/2012, the injured worker reported headaches, neck pain, low back pain and pelvic pain as well as sleep disturbances and numbness in the right side of his penis and testicle on 2/17/2012, after sustaining a fall from the top of a 5th floor balcony on 4/30/2011. Physical examination revealed that he was symptomatic from a neurological perspective. Authorization was requested for additional physical therapy x 12 for the cervical spine, bilateral shoulder, lumbar spine and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x12 for the cervical spine, bilateral shoulders, lumbar spine and bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and Upper Back, physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Low back section, Knee section, and Shoulder section; Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times 12 to the cervical spine, bilateral shoulders, lumbar spine and bilateral knees are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses include, but are not limited to, status post 18-foot fall; post traumatic head syndrome; cervical sprain/strain any: bilateral shoulder sprain/strain/impingement syndrome; left elbow sprain/strain/contusion; transverse process fracture L2-L4; second iliac joint injury with displacement and pubic rami fractures; bilateral knee sprain/strain; left knee non-displaced oblique tear posterior horn medial meniscus; etc. The request for authorization is dated February 13, 2014. Other than a May 24, 2012 progress note, additional documentation starts with a June 2014; August 2014; September 2014 and November 2014 progress notes. There are no contemporaneous progress notes on or about the date of request for authorization (February 13, 2014). The closest progress note to the request for authorization is four months later (June 2014). The utilization review indicates the injured worker received extensive physical therapy. The total number of physical therapy visits is not documented in the medical record. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement in the medical record. There is no clinical indication or rationale pursuant to the request for authorization (February 13, 2014) for physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for additional physical therapy, evidence of objective functional improvement from prior physical therapy and the total number of physical therapy sessions to date and compelling facts indicating additional physical therapy is warranted, additional physical therapy times 12 to the cervical spine, bilateral shoulders, lumbar spine and bilateral knees is not medically necessary.