MAXIMUS Federal Services

| Case Number: | CM15-0013061 | | |
|---|---|---|---|
| Date Assigned: | 01/30/2015 | Date of Injury: | 04/03/1990 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/27/2014 |
| Priority: | Standard | Application Received: | 01/22/2015 |

## 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, Arizona
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 is a 53-year-old female who reported an injury on 08/18/1995 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts, to include the cervical spine and low back. The injured worker's treatment history included conservative treatment, to include physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 12/02/2014. It was documented that the injured worker's diagnoses included cervical radiculopathy and lumbosacral radiculopathy. The injured worker's physical findings included tenderness to palpation of the paravertebral musculature of the cervical spine and lumbar spine with decreased range of motion in both locations in all planes due to pain. The injured worker had decreased sensation in the C5-6 and L5-S1 dermatomal distributions bilaterally. The injured worker's treatment plan included refill of medications and additional physical therapy. Request for Authorization was submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Physical Therapy Sessions (through [redacted]) between 12/18/2014 and 3/24/2015:** Upheld

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

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

**Decision rationale:** The requested 8 Additional Physical Therapy Sessions (through [redacted]) between 12/18/2014 and 03/24/2015 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. There is no documentation that the injured worker is participating in a home exercise program. Therefore, a short course of treatment, to include 2 to 3 physical therapy sessions to readdress the injured worker's home exercise program would be supported in this clinical situation. However, the requested 8 sessions would be considered excessive. As such, the requested 8 Additional Physical Therapy Sessions (through [redacted]) between 12/18/2014 and 03/24/2015 is not medically necessary or appropriate.

**1 Rheumatologist Consultation between 12/18/2014 and 3/24/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 124.

**Decision rationale:** The requested 1 Rheumatologist Consultation between 12/18/2014 and 03/24/2015 is not medically necessary. The American College of Occupational and Environmental Medicine recommends specialty consultations for complex diagnoses that require additional expertise in diagnosing and planning treatment for an injured worker. The clinical documentation submitted for review does not provide any indication that the injured worker requires additional specialized consultation to assist in treatment planning. There is no documentation that the injured worker requires further evaluation outside the requesting provider's scope of practice. As such, the requested 1 Rheumatologist Consultation between 12/18/2014 and 03/24/2015 is not medically necessary or appropriate.