

<b>Case Number:</b>	CM15-0013067		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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  
 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 was a 49 year old male, who sustained an industrial injury, April 10, 2014. The injury was sustained when an awning moved out of place for a vehicle and struck the injured worker in the head. The injured worker was diagnosed with thoracic strain/sprain, lumbar strain/sprain, right shoulder and upper arm strain/sprain, lumbar spine with severe right and left neural foraminal stenosis along with central stenosis pf L4-L5 with L5 radiculopathy. The injured worker previously received the following treatments MRI of the lumbar spine on June 16, 2014, Audiology consultation with testing on November 6, 2014, EMG/NCS (electromyography and nerve conduction studies) of the lower extremities, EMG/NCS (electromyography and nerve conduction studies) on December 26, 2014, of the upper extremities, MRI cervical spine December 15, 2014 and an MRI of the lower extremity. According to progress note of October 15, 2014, the injured workers chief complaint was lumbar back pain aggravated with lifting and decreased by rest and pain medication. Physical exam noted tenderness at the Lumbar spine L3-S1 area. No physical therapy and no light duty work. The progress note of December 15, 2014 did not have a request or a suggestion of any physical therapy. On December 24, 2014, the utilization review denied authorization for 12 physical therapy sessions for neck pain. The utilization Reviewer referenced MTUSACOEM and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy:** 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 Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Medical records indicate that the patient received twelve session of physical therapy in the past. Past physical therapy was reported to be ineffective. Twelve additional PT physical therapy visits were requested. Per ODG, patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Therefore, the request for 12 additional PT sessions exceeds ODG guidelines. No functional improvement with past physical therapy visits was documented. Therefore, the request for 12 additional physical therapy visits are not supported. Therefore, the request for additional PT physical therapy sessions is not medically necessary.