

<b>Case Number:</b>	CM15-0019982		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on 9/15/2010. He reports an injury to the neck and back. Diagnoses include cervical spondylosis with and with myelopathy, disc disorders, cervical disc degeneration, cervical stenosis, lumbago and lumbar sprain/strain. Treatments to date include cervical 5-7 anterior discectomy and fusion on 3/11/2013, 10-12 physical therapy sessions and medication management. A progress note from the treating provider dated 1/15/2015 indicates the injured worker reported cervical and lumbar pain with right arm tingling and numbness. On 1/30/2015, Utilization Review non-certified the request for 12 physical therapy sessions, citing MTUS.

### 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 2 Times A Week for 6 Weeks: 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): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing pain in the upper back that went into the right arm with numbness and tingling, lower back pain that went into the right leg with numbness, and headaches. There was no discussion describing the reason additional directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional twelve physical therapy sessions done as twice weekly for six weeks is not medically necessary.