

<b>Case Number:</b>	CM15-0117107		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male, who sustained an industrial injury on 12/09/2014, as the result of a motor vehicle accident. The injured worker was diagnosed as having cervicalgia. Treatment to date has included diagnostics, physical therapy for multiple body parts (approximately 16 sessions, up to 3/16/2015, per documentation), home exercise program, and medications. The progress report dated 4/14/2015 noted that additional physical therapy sessions (x 6) were authorized. Currently, the injured worker reported some minimal improvement in his neck. He remained off work. Physical exam noted decreased range of motion. No other objective findings were documented. Current medication regime was not noted. The treatment plan included continued physical therapy x 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy x 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in December 2014 as the result of a motor vehicle accident and continues to be treated for neck, right knee, and shoulder pain.

Treatments have included physical therapy with a home exercise program and 23 sessions through 05/06/15. When seen, he was having increased knee pain. There was patellofemoral crepitus and left cervical and trapezius tenderness. The claimant's BMI is nearly 55. The claimant is being treated for chronic pain with no new injury and has already had extensive physical therapy including instruction in a home exercise program. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program and does not reflect a fading of treatment frequency. The request is not medically necessary.