

<b>Case Number:</b>	CM15-0117805		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 34 year old male, who sustained an industrial injury on 3/1/13. The injured worker has complaints of neck, low back and right ankle pain. The injured worker reports feeling of numbness right knee sown and left arm/hand and reports of spasms and stiffness over the back of the neck causing headaches and motion loss. Examination reveals tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. The diagnoses have included fracture of tibia and fibula; lumbago and cervicgia. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 4/30/15 showed at C4-C5, small uncovertebral osteophytes bilaterally with mild to moderate narrowing of the left neural foramen due to a combination of uncovertebral osteophytes and facet arthrosis; chiropractor treatments; acupuncture; rod removal in right leg; naproxen; tramadol; menthoderm topical cream and individual therapy. The request was for 10 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Physical Therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant has chronic neck pain similar to that of myositis. There is no mention of prior therapy. The request for 10 sessions of therapy is within the guidelines recommendations and is appropriate and medically necessary.