

<b>Case Number:</b>	CM15-0173379		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 68 year old male, who sustained an industrial injury on 12-18-14. The injured worker was diagnosed as having cervicalgia, lumbago and myalgia and myositis. The physical exam (4-8-15 through 7-6-15) revealed 1-4 out of 10 pain, lumbar flexion 40 degrees, extension 10 degrees, right rotation 30 degrees and left rotation 20 degrees. Treatment to date has included physical therapy, Diclofenac and Cyclobenzaprine. As of the PR2 dated 8-13-15, the injured worker reports ongoing low back pain that radiates down his legs. He rates his pain 2 out of 10. Objective findings include lumbar flexion 40 degrees, extension 10 degrees, right rotation 30 degrees and left rotation 20 degrees. There is also a positive facet loading maneuver on the right side and a negative straight leg raise test. The treating physician requested additional physical therapy 3 x weekly for 2 weeks. On 8-13-15 the treating physician requested a Utilization Review for additional physical therapy 3 x weekly for 2 weeks. The Utilization Review dated 8-28-15, non-certified the request for additional physical therapy 3 x weekly for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 times a week for 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2014 and is being treated for neck and low back pain. Treatments have included 12 physical therapy sessions as of 05/22/15 and chiropractic care with six sessions completed as of 07/29/15. Treatments included exercise and a home exercise program. When seen, he had not improved significantly. He remained out of work. Additional physical therapy and a gym membership were requested. In terms of physical therapy for these conditions, guidelines recommend up to 9 treatment sessions over 8 weeks and concurrent treatments would be expected and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing 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 finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.