

<b>Case Number:</b>	CM15-0067901		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/22/1981
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: New Jersey

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(n) 33 year old male, who sustained an industrial injury on 6/22/81. He reported pain in the neck, back, wrist and right upper extremity due to a slip and fall accident. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy and right carpal tunnel syndrome. Treatment to date has included physical therapy, MRIs and pain medications. As of the PR2 dated 2/4/15, the injured worker reports 5/10 pain in his neck, 6/10 pain in his lumbar spine and 4/10 pain in the right wrist. The treating physician noted tenderness to palpation in the cervical and lumbar paravertebral muscles and decreased range of motion in the right wrist. The treating physician requested a paraffin bath, diathermy, e-stim, ultrasound, an established visit, myofascial release and mechanical traction therapy 2x weekly for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy - 2 x week for 4wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back, neck or wrist is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 8-10 supervised physical therapy visits over 4-8 weeks for chronic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker in this case was injured many years prior to this request for physical therapy and was recommended many times to have physical therapy. However, there was no record found in the notes provided for review to show how the worker responded to these physical therapy sessions to help justify any continuation. Also, there was no evidence found in the notes available which suggested that the worker was unable to perform home exercises which should be the foundation of any future physical medicine since passive therapy is not applicable or helpful in chronic pain typically. Therefore, the request for physical therapy x 8 more sessions will be considered medically unnecessary at this time.