

<b>Case Number:</b>	CM15-0072927		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old male, who sustained an industrial injury on 9/3/14. He reported a neck injury. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration, cervical disc displacement and cervical disc degeneration. Treatment to date has included chiropractic treatments, oral medications, home exercise program and topical medications. Currently, the injured worker complains of neck pain and headache rated 7/10 with radiation to left shoulder. It is noted physical therapy for neck pain did not help in the past; however range of motion and resting pain have improved with physical therapy. Physical exam noted tenderness upper trapezius and levator scapula and sub occipitals especially on right. The treatment plan included 6 more physical therapy sessions and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks (18 sessions) for the neck, shoulders, and back:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.  
Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines.

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

**Decision rationale:** The 68 year old patient complains of back pain that radiates to bilateral upper extremities, as per progress report dated 03/13/15. The request is for Physical Therapy 3 times a week for 6 weeks (18 Sessions) for the Neck, Shoulders, and Back. The RFA for the case is dated 03/18/15, and the patient's date of injury is 09/03/14. Diagnoses, as per progress report dated 03/13/15, included cervical, thoracic and lumbar spine myofascial pain with right upper extremity upper extremity and left sciatica, bilateral upper extremity contusion, and left temporal abrasion on chest. The pain in the neck is rated at 8/10, and the pain in the lumbar spine is rated at 5-6/10, as per progress report dated 12/10/14. The patient is off work, as per progress report dated 03/13/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treating physician requested for 12 sessions of PT in progress report dated 12/10/14. A request for 18 sessions of PT is noted in progress report dated 03/13/15. None of the reports document prior therapy or its efficacy, although some PT reports are available for review. Nonetheless, the UR denial letter states that the patient has already received 6 sessions of PT until now. MTUS only allows 8-10 sessions of PT in non-operative cases. Hence, the request for 18 sessions is not medically necessary.