

<b>Case Number:</b>	CM13-0002089		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old male who reported an injury on 06/25/2007. The mechanism of injury was not provided. On 10/09/2013, the injured worker presented with increased pain to the neck and mid and lower back pain with radicular symptoms to the left upper and lower extremities. Current therapy includes testosterone supplements, physical therapy, and medication. Upon examination of the thoracic spine, there was increased muscle tone trigger points noted to the thoracolumbar musculature and significant loss of range of motion in the thoracic spine. The injured worker was in a kyphotic position with pectus excavatum. Upon examination of the lumbar spine, the injured worker could not stand erect; he was hunched over and kyphotic and there was tenderness to palpation with increased muscle tone and trigger points to the posterior lumbar musculature. The diagnoses were anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7, thoracolumbar fusion from T2-L2, thoracic myoligamentous sprain/strain with compression fractures at T8, T9, T10, and T11, post thoracotomy syndrome with right-sided intercostal neuralgia, lumbar myoligamentous sprain/strain, reactionary depression and anxiety, hypogonadism, right shoulder rotator cuff tear secondary to fall, hypertension, medication-induced gastritis, and a trial of spinal cord field stimulation for post thoracotomy syndrome on 11/15/2012. The provider recommended physical therapy for the chest, thoracic, and lumbar spine; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE CHEST/THORACIC/ LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for 4 weeks. In this case, there is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home, and there is no significant barrier to transition the injured worker to an independent home exercise program. The providers request does not indicate the amount of physical therapy visits being requested or the frequency of the visits in the request as submitted. As such, the request for physical therapy for the chest, thoracic, and lumbar spine is not medically necessary.