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| <b>Case Number:</b>   | CM13-0005996 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 04/29/2003 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 08/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/02/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 57 year old male with a stated date of injury of 04/29/2003. He formerly worked as a driver for [REDACTED]. He injured his knee and required surgery. The patient had a dominant side CVA in September 2003. He recovered completely. He was hospitalized for heart failure in March of 2004. The echo, which had been done at the time he was hospitalized at [REDACTED] for his stroke, had been normal. The echo at that time, in March of 2004, showed a dilated cardiomyopathy with an ejection fraction of 30% and an increase in the left heart filling pressures. The patient was treated effectively for his heart failure, but when he ran out of money, there was no one to pay for his medications. According to the progress note dated 01/08/13 by [REDACTED], the patient complained of pain of the bilateral knees, neck and low back with pain rate of 9-10/10. Physical examinations showed that there was significant atrophy of the left leg that caused unstable and antalgic gait. The patient had reduced straight leg raise. According to the progress note dated 03/08/12 by [REDACTED], the patient's weight was "240" and height was 6 feet 2 1/2 inches. The patient was diagnosed with left lumbar radiculopathy with atrophy, chronic low back pain, radiculopathy, osteoarthritis, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis lumbar region and myalgia and myositis and status post left total knee replacement dated 02/26/07 In the medical record dated 03/15/2013, [REDACTED] requested for a mechanical back stabilization program 2-3 times a week. At issue is the request for physical therapy for a mechanical back stabilization program which was denied for lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; (2) x a week for (8) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** According to the CA-MTUS Chronic Pain Medical Treatment guideline, section on Physical Medicine, Page 99, the guidelines allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. CA-MTUS on page 98 further stated: 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Documentation provided for review identifies the patient has completed rehabilitation thus far, but does not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program to support the medical necessity for additional supervised Physical Therapy, (2) x a week, for (8) weeks. Therefore the request for Physical Therapy, (2) x a week, for (8) weeks was not medically necessary.â€¦