

<b>Case Number:</b>	CM13-0007795		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 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 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.

### 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 underlying date of injury in this case is 09/09/2011. The reference diagnosis is 338.21 or chronic pain due to trauma. The patient is a 61-year-old man who sustained an injury when he slipped and fell getting out of the shower. His diagnoses included chin laceration, chipped teeth, fractured ribs, and injuries to the left shoulder, spine, and jaw. The patient's treated diagnoses include closed head injury status post-concussion with posttraumatic headaches, cervical sprain, cervical neural foraminal stenosis at multiple levels, cervical facet arthropathy at C3-4 through C5-6, shoulder sprain, left chest wall pain status post rib fractures, and lumbar sprain with multilevel degenerative facet disease and radicular symptoms. This patient has received extensive past physical therapy. An initial physician review notes that the patient recently had 8 physical therapy visits and that the patient would have been expected to have transitioned to independent self-care on completing those visits and that further physical therapy was therefore not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy quantity 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The MTUS guidelines indicate that active therapy requires an internal effort by the individual to complete a specific exercise or task and it is to allow for fading of treatment frequency plus active self-directed home Physical Medicine. The medical records provided for review indicate this employee has a diagnosis of a closed head injury, which in some cases could delay or prolong therapy to actually beyond the treatment guidelines. Moreover, the medical records in this case do not discuss this as a complicating factor. The physician records discuss general goals but not specific goals and do not clearly clarify the rationale for extending physical therapy further. Therefore, at this time, the records are not supported by the guidelines. The request for continued physical therapy quantity 8 is not medically necessary and appropriate.