

<b>Case Number:</b>	CM13-0015376		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Illinois. 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 patient is a 54-year-old male who reported an injury on 02/01/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with foraminal stenosis of the cervical region. The patient is also status post right C3-4 and C4-5 foraminotomy. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 9/10 pain. Physical examination revealed 5/5 motor strength in the right lower extremity, intact sensation, symmetrical deep tendon reflexes, and a normal gait. Treatment recommendations included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x6 (18 visits): 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 Page(s): 98-99.

**Decision rationale:** 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. Guidelines allow for a

fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed an extensive amount of physical therapy to date. Despite ongoing treatment, the patient continued to demonstrate limited range of motion, tenderness, increased muscle tone, and difficulty engaging in exercises. The patient's current physical examination does not reveal any significant musculoskeletal or neurological deficits that would warrant the need for ongoing treatment. Additionally, the current request for physical therapy 3 times per week for 6 weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.