

<b>Case Number:</b>	CM13-0016615		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 patient is a 53 year old male, with stated date of injury of 8/17/2007, while a work; he fell ten feet, landing on his left shoulder and head. He was flown to the [REDACTED] and remained hospitalized for eight days. A t12 compression fracture was noted. He was placed on TLSO for three months. He has not been able to return to work and has been followed by [REDACTED] at the [REDACTED]. Twelve physical therapy and ongoing water aerobics have helped him develop increased strength and endurance. [REDACTED] prescribed Motrin, Norco, Lyrica, Indomethecin and aspirin. He has only gained 15 pounds since August 2007 injury. He denies any pain at rest, night sweats, fever or chills. The recommended treatments include a lumbar epidural cortisone injection. He will continue to attend water aerobics in an attempt to increase his strength and endurance and lose weight. According to progress report dated 04/22/2013, x-rays of the cervical spine were noted to show a solid interbody fusion at c5-C6. X-rays of the lumbar spine showed a laminectomy defect at L4-L5 with no evidence of instability. The medications include Amlodipine 5mg, Colace 250mg, Lidoderm 5% patches, Meloxicam 50 mg, Omeprazole 20mg, Quinapril 40mg, Simvastatin 20mg, Synthroid, Topical Testosterone 40 mg and Vitamin D. The treating physician noted that the patient has gained 50 pounds in the past 4 years and is 150 pounds overweight and strongly recommended water aerobics and the use of an exercycle, recumbent bike and treadmill as the patient indicated he is willing to make a great effort to lose weight. The request for aquatic therapy for the neck and low back was denied by another reviewer on 6/03/2013. In the most recent progress report dated 07/23/2013, physical examination revealed the patient was able to sit on the examining room table in no apparent distress, was able to rise from a seat to a standing position without difficulties, palpable tenderness over

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy two times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

**Decision rationale:** The California MTUS (Effective July 18, 2009) section on Physical Medicine, page 98-99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home physician medicine. The number of requested visits of physical therapy in addition to the previous therapy sessions is in excess of the recommendation of the referenced guidelines. Moreover, evidence that a home exercise program could not adequately address the current issues experienced by the patient is not noted. Therefore the request for physical therapy two (2) times a week for four (4) sessions is not medically necessary.