

<b>Case Number:</b>	CM13-0018724		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 58-year-old female with a reported date of injury on 04/04/2012. The patient presented with neck pain, paresthesias in the left arm, deep throbbing pain in the right forearm, pain on the left and right hip, low back pain, pain radiation down the left leg, and antalgic gait. The patient's cervical spine was nontender, and straight leg raise was negative. The patient had diagnoses including neck sprain and strain, lumbar sprain and strain, and sprain and strain of other specified sites of the hip and thigh. The physician's treatment plan included a request for physical therapy sessions 3 times per week for 4 weeks (electrical stimulation, exercise, massage.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for physical therapy sessions 3 times a week for 4 weeks (electric stimulation, exercise, massage): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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

**Decision rationale:** The California MTUS guidelines note 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). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6-session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. The provider recommended therapy with anti-inflammatory modalities and therapeutic exercise as tolerated for the affected area of the thoracic and lumbar spine. Within the provided documentation, it was unclear if the patient has undergone physical therapy in the past, as well as the efficacy of any previous physical therapy. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate deficits that need to be addressed with physical therapy. Additionally, the request for 12 sessions would exceed the guideline recommendations. Therefore, the request for physical therapy sessions 3 times a week for 4 weeks (electrical stimulation, exercise, massage) is neither medically necessary nor appropriate.