

<b>Case Number:</b>	CM13-0020023		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Family Practice and is licensed to practice in Texas. 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 male who reported an injury on 10/01/2007. The mechanism of injury was illegible per the handwritten document of 10/15/2013. The patient was noted to have cervical spine tenderness and spasm. The diagnoses were noted to be fusion cervical spine, possible pseudarthrosis at C6-7 level, and disc protrusion of the lumbar spine. The request was made for Physical Therapy 3 x wk x 4 wks - Cervical Spine and Physical Therapy 3x wk x 4 wks - Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x wk x 4 wks-Cervical Spine:** 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:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The patient was noted to have cervical spine tenderness and spasm with Flexion of 40 degrees and extension of 20 degrees, bilateral rotation of 60 degrees and lateral bending of 20 degrees bilaterally. The clinical documentation submitted for review failed to provide the necessity for 12 sessions of physical therapy as the maximum number is 10 visits for myalgia and myositis. Additionally the patient should be well versed in a home exercise program. Given the above, the request for Physical Therapy 3 x wk x 4 wks Cervical Spine is not medically necessary.

**Physical Therapy 3x wk x 4wks- Lumbar Spine: 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:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. There was a lack of physical examination to support physical therapy of the lumbar spine. The clinical documentation submitted for review failed to provide the necessity for 12 sessions of physical therapy as the maximum number is 10 visits for myalgia and myositis. Additionally, the patient should be well-versed in a home exercise program. Given the above, the request for Physical Therapy 3x wk x 4 wks - Lumbar Spine is not medically necessary.