

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0021680 |                              |            |
| <b>Date Assigned:</b> | 11/13/2013   | <b>Date of Injury:</b>       | 06/14/2012 |
| <b>Decision Date:</b> | 01/15/2014   | <b>UR Denial Date:</b>       | 08/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2013 |

### 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. 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 23-year-old male who reported an injury on 06/14/2012, after a fall resulting in a crush injury. The patient complained of cervical and low back pain. The patient was initially treated with medications and acupuncture that failed to resolve the patient's symptoms. The patient underwent an EMG of the bilateral upper and lower extremities that revealed mild carpal tunnel syndrome, but no evidence of radiculopathy in either the upper or lower extremities. Also, the patient underwent an MRI of the lumbar spine that revealed a disc bulge at the L4-5 and L5-S1 with no evidence of nerve root impingement. The patient underwent a course of physical therapy that did provide pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy:** 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 Physical Medicine Section Page(s): 98-99.

**Decision rationale:** The requested physical therapy is not medically necessary or appropriate. The patient does have continued pain complaints and range of motion deficits of the cervical and

lumbar spine. The California Medical Treatment Utilization Schedule does recommend active physical medicine to address this type of injury. However, the clinical documentation submitted for review does indicate that the patient has previously undergone a short course of physical therapy without any significant functional benefit. Therefore, it is unclear how additional physical therapy would benefit this patient. As such, the requested physical therapy is not medically necessary or appropriate.