

<b>Case Number:</b>	CM13-0022899		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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, 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.

### 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 injured worker is a 35-year-old who had a date of injury of September 6, 2012. The mechanism of injury occurred when the worker when to move a patient from a chair to a bed and she stepped down from the bed and lost her balance. As a result, the covered body regions include the neck, back, and left knee. The patient has had physical therapy for the cervical and lumbar spine of September 17, 2012. On April 10, 2012 eight sessions of physical therapy were recommended, but six sessions of physical therapy were certified on June 5, 2013. The most recent physical therapy note available for review has date of service November 23, 2013. There is indication that this is a sixth visit and the patient subjectively "reports neck and low back pain feeling better since onset of PT, but is sore today." Current functional limitations include "maintaining a body position: remaining seated, remaining standing, squatting, kneeling." From a mobility perspective, limitations include "climbing, running, moving around in different locations, walking between rooms." The assessment specifies that the patient is "making good gains in postural and core strength without exacerbation." Short-term goals include increasing core stabilizing strength, increasing lower extremity strength and independence with a home exercise program. Long-term goals include being able to walk 60 minutes without pain, lifting 50 pounds from floor to chest, being able to push and pull hundred pounds, and being able to sit and stand for greater than two hours. An Agreed Medical Evaluation performed on 11/18/2013 indicates that the injured worker should be able to perform the customary duties of her work as a respiratory care practitioner. The disputed issue is an additional four visits of physical therapy for the cervical and lumbar spine. This request was denied in utilization review performed on August 28, 2013. The rationale for this denial was that the patient had already been approved for six ses

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 sessions of physical therapy to the cervical/lumbar region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174,303, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapters on Neck and Low Back, and Physical Therapy Guidelines.

**Decision rationale:** The Physician Reviewer's decision rationale: In the case of this injured worker, there is documentation that the patient should be able to perform her full work duties according to an Agreed Medical Evaluation dated 11/18/2013. In the past, she had at least 16 sessions of physical therapy. The ACOEM recommendations are for far fewer physical therapy sessions. The Official Disability Guidelines recommend 10 sessions of physical therapy for lumbar and cervical strain. There is a recommendation for transition to self-directed home exercises. There is no documentation of functional goals that require active formal physical therapy at this time. Given this, the patient should attempt a home exercise program. The request for 4 sessions of physical therapy to the cervical/lumbar region is not medically necessary or appropriate.