

<b>Case Number:</b>	CM13-0025442		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Occupational 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 57-year-old male with date of injury 11/22/2010. He is currently under the care of [REDACTED]. According to [REDACTED] note of 07/25/2013, which was signed on 09/12/2013, the patient has the following diagnoses: 1. Severe cervical discopathy; cervical spondylosis, 2. Carpal tunnel syndrome/double crush syndrome, 3. Lumbar segmental instability, and 4. Status post right lower extremity fasciotomy for compartment syndrome and skin graft. The patient's subjective complaints are persistent pain of the neck that radiates to the upper extremities with numbness and tingling. There is stiffness. Patient has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Patient has right lower extremity pain range of motion and weakness. The right lower extremity is somewhat been improving with a course of therapy. He needs to continue rehabilitation for his right leg, neck and back. Objective findings of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is limited cervical range of motion. There was dysesthesia at the C5-C7 dermatomes. Axial loading compression test and Spurling's maneuver positive. Examination of the bilateral wrists is essentially unchanged. Tinel and Phalen signs are positive. There is pain with terminal flexion. Physical examination of the lumbar spine reveals tenderness from the lumbar paravertebral muscles and sacroiliac joint. There is pain with terminal motion. Seated nerve root test is positive. Physical examination of the lower extremity reveals fasciotomies in both the medial and lateral sides with skin graft. There is weakness of the dorsiflexion of the right ankle. There is residual numbness of the lower extremities. According to previous medical record review, claimant has completed 35 physical therapy visits for the cervical spine, lumbar spine and right lower extremity. The medical record of 07/25/2013 mentions a subjective

improvement in the right lower extremity, but there is no documentation of objective functional improvement.

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

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

**Physical therapy (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that 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). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient is expected to have learned exercises which are to be continued at home as directed by MTUS.