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| <b>Case Number:</b>   | CM13-0034945 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 06/16/2004 |
| <b>Decision Date:</b> | 02/10/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2013 |

### 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 & 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 41-year-old female who sustained a work related injury on 06/16/2004. Subjectively, the patient reported complaints of neck pain and stiffness with radiation of pain, numbness and tingling into the bilateral hands. Objective findings revealed tenderness to palpation, muscle guarding, myofascial trigger points, positive axial compression test and Spurling's maneuvers, and decreased range of motion. The clinical information indicated the patient had completed 24 sessions of acupuncture, 17 sessions of physical therapy, and 5 sessions of chiropractic treatment. The patient reported increased range of motion and flexibility with physical therapy. A request for authorization for continuation of physical therapy 2 times a week x3 weeks was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (6 sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

**Decision rationale:** CA MTUS Guidelines for physical medicine 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, and that patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information provided lacks objective documentation of exceptional factors to warrant further physical therapy. Additionally, the clinical provided indicates the patient has completed 17 sessions of physical therapy. There is no indication why the patient would continue to require formal physical therapy when a home exercise program has been instructed and should be utilized to continue/maintain functional improvement and pain reduction. As such, the request for physical therapy is non-certified.