

<b>Case Number:</b>	CM13-0035824		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 expert 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:

Final Determination Letter for IMR Case Number [REDACTED] 2 DOCUMENTS  
 REVIEWED The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included: § Application of Independent Medical Review § Utilization Review Determination § Medical Treatment Utilization Schedule (MTUS) § Medical Records from: Claims Administrator Provider Name Dates of Service From Dates of Service To [REDACTED] 07/09/2013 07/18/2013 [REDACTED] 07/18/2013 HOW THE IMR FINAL DETERMINATION WAS MADE MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 expert 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 54 year old male who had a motor vehicle accident and had a cervical and lumbar strain. Another driver in the vehicle he was in hit a concrete barrier. He already completed 9 physical therapy visits. The request is for an additional 9 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES PER WEEK FOR THREE WEEKS (TOTAL OF 9 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: There was no clinical examination in the documentation provided for review (no range of motion, strength measurement, reflexes, sensory exam). No physical therapy notes were provided. In the absence of red flag signs, the ACOEM Guidelines recommend a few physical therapy visits for instruction in a home exercise program. The ODG for lumbar strain or cervical strain allows a maximum of 10 physical therapy over 8 weeks. The requested additional physical therapy visits would exceed the maximum number of allowed visits in the ODG. Furthermore, for continued physical therapy there must be documentation that the patient's ability to perform activities of daily living has improved. This is not documented in the medical records provided for review. There is insufficient documentation to substantiate the medical necessity of another 9 visits of physical therapy. The request is therefore not medically necessary and appropriate.