

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0040235 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 04/26/1998 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 10/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 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 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 injured worker is a female of undetermined age who reported an injury on 04/26/1998. The only clinical documentation submitted for review is a request for a re-review of home health care on 03/27/2014. It was documented that the injured worker had a complex history of multiple thoracolumbar surgeries, the most recent of which was in 02/2014. It was documented that the injured worker had previously required ongoing home health aide assistance due to her significantly limited functional status. It was documented that the injured worker was participating in physical therapy to assist with strengthening functional restoration. A physical therapy request for 18 visits was submitted. No justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY X 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** The requested physical therapy times 18 visits is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured

worker underwent surgical intervention in 02/2014. However, the actual surgical intervention was not described. California Medical Treatment Utilization Schedule does recommend the use of physical therapy in the treatment of postsurgical pain and functional deficits. However, as the type of surgery was not provided, the appropriate number of visits cannot be determined. Additionally it is noted in this Letter of Request that the injured worker was participating in physical therapy. The number of visits and efficacy of that therapy was not clearly established in the documentation. Therefore, the need for continued physical therapy cannot be determined. Also, the request as it is submitted does not specifically identify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy times 18 is not medically necessary or appropriate.