

<b>Case Number:</b>	CM13-0042025		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/04/2013
<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 and Rehabilitation, and is licensed to practice in Illinois, Indiana, and Texas. 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 27-year-old who reported an injury on 11/08/2011. The patient is diagnosed as status post right knee surgery in 02/2013, right SI joint sacroiliitis, low back pain with disc protrusion, cervical spine pain with intervertebral hypertrophy, and thoracic spine sprain/strain. The patient was seen by [REDACTED] on 08/02/2013. Physical examination revealed no acute distress, an antalgic gait, and difficulty standing and rising from a sitting position. Treatment recommendations included continuation of current medication and physical therapy 3 times per week for 4 weeks for the right knee, cervical spine, lumbar spine, and thoracic spine with acupuncture treatment twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the thoracic, cervical and lumbar regions of the spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical note submitted, the patient has previously participated in a course of physical therapy. Despite ongoing therapy, the patient continued to report persistent pain. Documentation of significant functional improvement was not provided. Additionally, there was no physical examination of the cervical, lumbar, or thoracic spine documented on the requesting date of 08/02/2013. The request for physical therapy of the thoracic, cervical and lumbar regions of the spine are not medically necessary or appropriate.