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| <b>Case Number:</b>   | CM13-0042596 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 02/05/2001 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 10/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2013 |

### 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 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 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:

This is a 63 year old male who has reported neck and low back pain after an injury on 2/5/01. His diagnosis is failed back syndrome. Treatment has included physical therapy, cervical and lumbar surgery, injections, and medications. He is also reported to have had a recent stroke. Per the agreed medical examination of 8/5/13, the stroke was on 1/18/13 and affected his face and left upper extremity. The agreed medical examiner recommended therapy as future care, without any specific definition. The last physical therapy attended prior to 2013 was several visits for the neck in 2012. There is no account of the specific results. On 5/9/12, the treating physician prescribed physical therapy of 12 visits for ongoing pain. There is no account of the results of that physical therapy. On 8/16/13 the treating physician noted a recent stroke affecting the left side of the body, widespread pain in the neck, back and extremities, and left sided weakness. There is minimal information about the stroke other than a mention that it occurred. The treatment plan includes continued medications, temporarily totally disabled work status, electrodiagnostic testing, orthopedic surgeon referral, and physical therapy. The physical therapy is stated to be for neck and shoulder symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6-8 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTRODUCTION, FUNCTIONAL IMPROVEMENT; PHYSICAL MEDICINE Page(s): 9,98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The specific diagnosis is not stated. It is not clear if the physical therapy is intended to address residuals of the stroke. If so, more information is required regarding the stroke itself, any stroke rehabilitation completed to date, and progress of signs and symptoms since the stroke. If the physical therapy is intended to address residuals of the industrial injury, the MTUS is referenced for direction. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription other than treatment of symptoms. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS (which is up to 10 visits). There is no discussion of the results of the last course of physical therapy and why another course of physical therapy is needed. No medical reports identify specific functional deficits, or functional expectations for further physical medicine. The physical medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Physical medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy, as the patient is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Additional physical medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of physical medicine to date to result in functional improvement as defined in the MTUS.