

<b>Case Number:</b>	CM13-0048034		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in New York 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 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 44-year-old female who reported injury on 11/05/2012. The mechanism of injury was noted to be a continuous trauma. The documentation submitted with the requested service was handwritten and difficult to read. However, it was legible that the request was made for physical therapy 2 times 3 directed to the right foot and ankle to decrease pain and increase strength and flexibility. The patient's diagnosis included sprain of the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL OUTPATIENT PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE, BILATERAL SHOULDERS AND RIGHT KNEE:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of visits the patient had previously attended and the functional benefits that were received from prior therapy. Additionally, there was a lack of documentation indicating the patient's functional deficits to support the necessity for therapy. The patient should be well versed in a home exercise program as the date of reported injury was 11/05/2012. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for additional outpatient physical therapy 2 times a week for 3 weeks for the cervical spine, bilateral shoulders, and right knee is not medically necessary and appropriate.