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| <b>Case Number:</b>   | CM13-0049841 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 07/17/2013 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 09/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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, has a subspecialty in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 35-year-old male with a reported date of injury 07/17/2013; the mechanism of injury was a fall. The patient reportedly has a history of continued pain in lower back and neck radiating to the right leg. There were recommendations for ice and heat to affected areas, a home exercise program, and over-the-counter NSAIDs as needed as well as a prescription for Voltaren gel. There was also a plan for a home TENS unit. On 11/25/2013, it was reported that the patient completed 12 sessions of physical therapy with 4 sessions remaining. Upon physical examination, the patient had tenderness to the paravertebral musculature and a positive Spurling's. Trapezius and abductor motor strength was 5/5. Cervical mobility/range of motion: flexion 90 degrees, extension 80 degrees, lateral bends: right 30 degrees/left 30 degrees, rotation: right 80 degrees and left at 80 degrees. Thoraco-lumbar examination revealed tenderness to the lumbar paravertebral musculature and sacroiliac joints. The patient had a positive flip test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The documentation submitted for review reported the patient completed 12 physical therapy sessions to date which exceeds the recommended number of visits as the guidelines recommend 9-10 visits over 8 weeks. The clinical information submitted for review failed to document the presence of significant functional or neurological deficits or the patient's response to the prior therapy sessions. The request for outpatient physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine is not medically necessary and appropriate.