

<b>Case Number:</b>	CM13-0054217		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 49 year old male who has reported neck and back pain after an accident on 11/26/01. The injury included a head trauma. Diagnoses have included cervical and lumbar disc disease, and traumatic brain injury. Treatment has included medications, physical therapy, electrical stimulation, and injections. Per the treating physician report of 10/21/13, there was improvement in range of motion, pain, and affect after the course of physical therapy. Pain was worse with activity. More physical therapy was prescribed. The content of physical therapy was not discussed. The specific indications for additional physical therapy were not discussed. Per the content of the treating physician reports, the range of motion did not change significantly during the course of physical therapy. Specific functional improvement was not discussed. A physical therapy report from 10/17/13 states that he feels better, has better range of motion, and can sit for 30 minutes. More physical therapy is recommended for exercise and low back strength. Physical therapy notes from 11/226/13 and 12/10/13 show therapeutic exercise performed. On 11/11/13 Utilization Review non-certified physical therapy for 12 visits but noted that the injured worker could complete two visits of physical therapy at the current provider of physical therapy. The Utilization Review noted the completion of 16 physical therapy visits from 7/24/13 to 10/17/13. The MTUS, chronic pain section, Physical Medicine, was cited in support of the decision. This Utilization Review decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 12 VISITS LOWER BACK:** Upheld

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

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

**Decision rationale:** 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 current physical therapy prescription exceeds the quantity recommended in the MTUS. This injured worker has completed a course of Physical Medicine, 16 visits, which exceeds the quantity of visits recommended in the MTUS. The MTUS recommends progression to home exercise after supervised active therapy. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. 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. The last two visits of physical therapy consisted of exercise only, which the injured worker should be able to perform independently after 16 visits. Prescribing physical therapy for repetitive exercise is not indicated, as exercise does not require supervision in physical therapy, and in order for exercise to be effective, it must be continued for the long term at home. Additional Physical Medicine is not medically necessary based on the MTUS recommendations for up to 10 visits, the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS, and the necessity to perform independent exercise rather than exercise at a physical therapy facility.