

<b>Case Number:</b>	CM13-0057484		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 33-year-old male with an 8/21/13 date of injury. The patient sustained a work-related injury when he lost control of a truck, skidded and went through a guard rail, falling over a 300-foot cliff. According to the initial orthopaedic evaluation report dated 9/13/13, the patient experienced daily headaches that come and go throughout the day rated at 8/10. He also experienced constant daily pain and discomfort of the cervical spine, thoracic spine, and lumbar spine. The pain was aggravated by movement mainly when getting up from a lying down position. He also experienced pain and discomfort of bilateral shoulders, right arm/hand, chest, and left leg/knee. He also stated that he was experiencing difficulties with activities of daily living. Objective findings show that the patient is in a rigid cervical collar, bilateral paraspinal tenderness at C2 through C7, as well as bilateral upper trapezius, patient is unable to walk on toes and heels due to pain on both lower extremities, terminal extension of his fingers was weak, diffuse paraspinal tenderness and spasm both in the midline as well as in the paraspinal region of the thoracic and lumbar spine. Diagnostic impression includes cervical spine fracture, facial and scalp lacerations, left acromion fracture, contusion bilateral shoulders, laceration of right wrist, status post repair, thoracolumbar sprain/strain, left knee contusion. Treatment to date includes medication management and activity modification. A UR decision dated 11/22/13 modified the request for physical therapy visits for the cervical, thoracic spine, and right wrist from 18 visits to 6 visits. The request for 18 sessions of physical therapy exceeds the recommendation of the guidelines. However, the request for 6 physical therapy visits in a clinical trial followed by formal assessment of the patient's progress is partially certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Visits for the Cervical, Thoracic Spine, and Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6 (page 114), Official Disability Guidelines (ODG) Low Back Chapter-Lumbar and Thoracic; Forearm, Wrist, and Hand Chapter; Neck and Upper Back Chapter.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. Official Disability Guidelines recommend physical therapy. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Guidelines recommend an initial six-visit clinical trial followed by formal assessment to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. Official Disability Guidelines recommend 9 visits over 8 weeks for sprains and strains of wrist and hand and 8 visits over 10 weeks for fractures of vertebral column without spinal cord injury. A UR decision dated 11/22/13 modified the request from 18 physical therapy sessions to 6 physical therapy sessions for an initial clinical trial. There is no rationale provided as to why the patient needs 18 sessions at this time, when he has not yet had a trial of physical therapy treatment. Therefore, the request for prospective request for 18 physical therapy visits for the cervical spine, thoracic spine and right wrist is not medically necessary.