

<b>Case Number:</b>	CM13-0068191		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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:

The underlying date of injury in this case is 06/20/2007. The diagnoses include depression, fibromyalgia, neck sprain, headache, lumbar sprain, and wrist sprain. This patient previously attended at least 14 sessions of physical therapy in 2013. No physician office note is available with reference to the current request for physical therapy. A prescription from a treating chiropractor dated 11/27/2013 requests physical therapy two to three times a week over 4-6 weeks, with the diagnoses of a cervical sprain, lumbar sprain, bilateral shoulder sprain, and bilateral knee sprain. This prescription refers to an Agreed Medical Examiner report. The Agreed Medical Examiner reevaluation report of 04/04/2013 discusses that this patient has had neck and back pain with discogenic bulging and disc disease. That report opines that regarding future care, physical therapy may be warranted for flare ups of symptoms. An initial physician review noted that the records do not document functional deficits or other documentation or rationale for additional physical therapy of the frequency and duration requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO MULTIPLE BODY PARTS:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule, section on physical medicine, page 99, recommends transition to independent active home rehabilitation. The medical records in this case do not provide a rationale for change in this patient's clinical status or treatment goals to explain the need for additional supervised physical therapy in addition to that therapy previously provided. At this time the requested additional outpatient physical therapy is not supported by the treatment guidelines and medical records. This request is not medically necessary.