

<b>Case Number:</b>	CM13-0072115		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 injured worker is a 54 year old male who reported a fall injury to his face and neck on 11/17/2011. Within the clinical note dated 10/11/2013 the injured worker had reported he underwent a C3-C4 fusion on an unknown dated with pain to his shoulders, right arm, and bilaterally in the lower extremities rated 5.5/10 daily. The physical exam noted cervical tenderness at the occiput and clumsiness with rapid finger tapping in the right hand with decreased range of motion in the cervical spine. The lumbar and sacral spine physical exam noted only decreased sensation in the tips of all toes. Within the submitted documentation the injured worker has a confirmed completion of 157 physical therapy sessions. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ONCE PER WEEK TIMES FOUR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), page 114 and Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** The CA MTUS recommends physical therapy for 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. Additionally, the guidelines specify the therapy sessions for neuralgia, neuritis, and radiculitis be no more than 8-10 visits over 4 weeks. The injured worker's physical exam is unclear about the functional deficits remaining. In addition, the injured worker has completed 157 sessions of physical therapy and there has not been enough documentation to show significant functional improvement. The completed sessions and current request far exceed the guidelines recommended maximum of sessions without a reasoning for extenuating circumstances. In addition, the past therapies included active modalities with passive modalities and is further not supported by the guidelines as only active modalities are recommended with physical therapy. Moreover, the guidelines recommend concurrent adjunct home therapy exercises and the medical records are unclear if the injured worker has been utilizing a home exercise program. Thus, the request for Physical Therapy is not medically necessary.