

<b>Case Number:</b>	CM14-0104904		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 injured worker is a 37-year-old male with a reported injury on 06/27/2002. The injured worker reported that his injury was due to falling out of the back of a truck and hitting his head. His diagnoses included closed head injury with post-traumatic head syndrome with cognitive mood impairment, depression, cervical strain, lumbar sprain, bilateral lateral epicondylitis, and temporomandibular joint syndrome. He has had injections in his right shoulder; the efficacy was not provided. He did have previous physical therapy for 6 weeks in 05/2014, although the frequency was not provided. The injured worker had an examination on 07/14/2014 with problems with cognition and being unable to focus. Upon examination, there was tenderness over the cervical and lumbar paraspinal muscles. His jamar grip on the right was 80 pounds and his left was 90 pounds. There was not an examination of physical strength, range of motion or functional deficit provided. A list of medications was not provided. The recommended plan of treatment is to have an MRI of the brain, neural psychometric testing, and physical therapy twice a week for 6 weeks for the cervical and lumbar spine. The request for authorization was signed on 07/30/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions:** Upheld

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

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

**Decision rationale:** The request for 12 physical therapy sessions is not medically necessary. The California MTUS Guidelines recommend active therapy to be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are also instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of evidence and documentation regarding flexibility and strength and endurance, function, range of motion, and deficits. There was no evidence that the injured worker was on a home exercise program. It was reported that the injured worker did have physical therapy for 6 weeks prior in 05/2014, but there was no significant improvement documented. Furthermore, the guidelines recommend up to 10 visits, and the request is for 12 visits. The injured worker has already had an unknown number of previous visits. Therefore, the request exceeds the amount that is recommended. Furthermore, the clinical information fails to meet the evidence based guidelines for the request for the physical therapy sessions. Therefore, the request for 12 physical therapy sessions is not medically necessary.