

<b>Case Number:</b>	CM14-0131445		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 05/12/2011. The mechanism of injury was not provided. On 06/24/2014, the injured worker presented with neck, low back, and buttock pain. Upon examination of the cervical spine, there were range of motion values of 70 degrees of flexion and 70 degrees of extension. There was 5/5 strength in the biceps and deltoids, wrist flexors and extensors. Examination of the lumbar spine revealed spasm and a positive bilateral straight leg raise. There was 5/5 strength in dorsiflexors, plantar flexors, quadriceps and iliopsoas. The diagnoses were cervical radiculitis with 4 mm bulging of the disc at C4-5, and lumbar radiculitis. Treatment plan included lumbar epidural steroid injections and Tramadol. The provider recommended physical therapy 2 times a week for 6 weeks for the cervical spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X6, FOR C/S:** Upheld

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

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

**Decision rationale:** The request for PT 2X6, FOR C/S is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 10 visits of physical therapy over 4 weeks. The provider's request exceeds the guideline recommendations. There was lack of documentation indicating the injured worker's prior course of physical therapy with the efficacy of the prior therapy. The amount of previous physical therapy visits the injured worker underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.