

<b>Case Number:</b>	CM14-0020224		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 54 year old male with a reported date of injury on 04/19/2013. The mechanism of injury was reported as a motor vehicle accident. The injured worker complained of pain and tightness to his left shoulder, chest and lower back pain. According to the clinical noted dated 01/07/2014 the injured worker rated his chest pain as 6/10 and lower back pain rated at 8/10. The injured worker's motor strength was reported as "normal". The physical therapy note dated 07/08/2013 documented that the right shoulder range of motion was to 155 degrees, abduction to 150 degrees and external rotation to 80 degrees. The note also states that the injured worker has improved range of motion of the shoulders, hip and body mechanics. According to the physical therapy note dated 08/02/2013, the injured worker had completed 10 physical therapy visits, the lumbar range of motion was reported as flexion to 60 degrees, extension to 10 degrees, left and right side bend to 30 degrees. The note also stated that the injured worker is performing a home based exercise program. The injured worker's diagnosis include lumbar region sprain, sprain shoulder/arm, closed rib fracture and chronic back pain. The injured worker's medication regimen included Ultram, Vicodin, meloxicam and Zanaflex. The request for authorization of additional 8 sessions physical therapy was submitted on 02/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 8 SESSIONS PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The CA MTUS guidelines recommend active thereapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate pain. The guidelines recommend a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In addition, the guidelines recommed 8-10 total visits for physical therapy. According to the clinical documentation provided the injured worker completed 10 physcial therapy visits 08/2013. In addition there is a lack of documentation regarding the improvement in range of motion and the decrease in functional deficits related to previous physcial therapy. The rationale for additional physical therapy was unclear. In addition, the request for 8 additional sessions of physical therapy exceeds the recommended guidelines. Therefore, the request for additional 8 sessions physical therapy is non-certified.