

<b>Case Number:</b>	CM14-0022565		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 8/9/07 .The diagnoses include myofascial pain syndrome, lumbar sprain and lumbar radiculopathy. Under consideration is a request for therapeutic exercises. There is a primary treating physician (PR-2) document dated 11/4/13 that states that the patient has pain in the back with occasional pain in the legs. She has spasm of the paraspinal muscles. On exam she has paraspinal spasm. There is a positive bilateral straight leg raise. There is normal strength and reflexes of the bilateral lower extremities. There is decreased lumbar range of motion in all planes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPEUTIC EXERCISES:** 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): p.98-99.

**Decision rationale:** Therapeutic exercises are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. 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 documentation indicates that the patient has had 12 PT visits this year. The request, additionally does not specify a quantity or duration. The request for therapeutic exercises are not medically necessary.