

<b>Case Number:</b>	CM14-0046683		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 55-year-old male who reported an injury on 10/19/2001. The mechanism of injury was not specifically stated. The current diagnoses include cervical radiculitis, status post cervical spine fusion, chronic pain, lumbar radiculitis, status post lumbar fusion, bilateral carpal tunnel syndrome, right elbow pain, occipital neuralgia, depression, gastritis, insomnia, medication-related dyspepsia, obesity, and cubital tunnel syndrome. The injured worker was evaluated on 03/05/2014 with complaints of persistent neck and lower back pain with ongoing headaches. Previous conservative treatment was not mentioned. Physical examination revealed occipital tenderness on the right, moderately limited cervical range of motion, tenderness to palpation from L4 through S1, tenderness at the right elbow and bilateral wrists, and positive Tinel's and Phalen's testing on the right. Treatment recommendations at that time included a right occipital nerve block and continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy 3 Times a Week for 2 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** California MTUS Guidelines state 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. There is no indication that this injured worker is status post any surgical procedures. There is also no specific body part listed in the current request. As such, the request is not medically appropriate. Therefore, the request is non-certified.