

<b>Case Number:</b>	CM14-0051985		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 07/17/2012 and the mechanism of injury was a closed head injury and direct injury to the back and neck from a fall. On 01/15/2014, the injured worker presented with neck, mid back, and low back pain and headaches. On examination of the lumbar spine, there was mild tenderness to palpation with spasm over the left lumbar region. Active range of motion values for the lumbar spine were 80% of normal for flexion, 70% of normal for extension, 100% of normal for right lateral flexion and 80% of normal for left lateral flexion. Inspection of the cervical spine revealed mild tenderness and guarding over the paracentral muscles upon palpation left greater than right. The active range of motion values for the cervical spine were 100% of normal for flexion, 80% of normal for extension, 100% of normal for right lateral flexion and 80% of normal for left lateral flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 4 weeks, Cervical, Thoracic, & Lumbar: Upheld**

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

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

**Decision rationale:** The request for physical therapy 2 times a week for 4 weeks to the cervical, thoracic and lumbar spine is not medically necessary. The California MTUS states, "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." Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers 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 up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request is not medically necessary.