

<b>Case Number:</b>	CM14-0055429		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/21/1998
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 51 year old female who reported an injury on 4/15/1999 due to cumulative trauma. On 02/10/2014, the injured worker presented with headaches, neck pain, low back pain, stomach pain, stress, depression, and anxiety. Upon examination, the injured worker's BECKS Depression Inventory score was 58 and her BECKS Anxiety Inventory score as a 46. Prior treatment included aquatic therapy, ice, heat, exercise, and medications. The diagnoses were major depression with anxiety, psychological factors affecting medical condition, and stress-aggravated fibromyalgia. The provider recommended 8 sessions of physical therapy. The provider's rationale was not provided. The request for authorization form was dated 01/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** California MTUS 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. 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 8 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 the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request for physical therapy does not indicate the frequency or the site that the physical therapy is intended for. As such, the request is not medically necessary.