

<b>Case Number:</b>	CM14-0074083		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/14/1999
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Management 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 patient is presented with a date of injury of 10/14/99. A utilization review determination dated 4/14/14 recommends non-certification of Physical Therapy (PT) with PT evaluation. It noted that the patient was previously authorized for surgery, but was not yet ready for it. Additional PT was requested, but non-certified as the patient had undergone extensive therapy and should be well versed in home exercise. The 4/28/14 medical report identifies subjective complaints of back + neck. On exam, there is decreased neck and back ROM and an unspecified neurodeficit. The patient states that she had sleep apnea and is not stable for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy (PT) three (3) times per week over four (4) weeks:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for Outpatient Physical Therapy (PT) three (3) times per week over four (4) weeks, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Within the documentation available for review, the patient was apparently authorized for surgery, but is unable to undergo surgery at this time due to other medical issues. There is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested Outpatient Physical Therapy (PT) three (3) times per week over four (4) weeks is not medically necessary.

**Physical Therapy Evaluation:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) ,Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for Physical Therapy Evaluation, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient was apparently authorized for surgery, but is unable to undergo surgery at this time due to other medical issues. There is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested Physical Therapy Evaluation is not medically necessary.