

<b>Case Number:</b>	CM13-0041769		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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 records indicate the claimant is a 48-year-old claimant with a reported injury date of December 5, 2011. The claimant has complained of neck and back pain after a slip and fall injury. The claimant has been treated with medications, physical therapy and chiropractic care. The records suggest the claimant had six prior therapy visits in early 2012 and the symptoms had resolved at that time. An additional twelve sessions of therapy for the neck and back have been requested due to recurrent complaints

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy 3 x week x 4 weeks cervical/lumber spine:** Upheld

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

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

**Decision rationale:** Additional therapy cannot be recommended as medically necessary. The claimant is well over two years after the reported injury date. The CA MTUS Guidelines may support a total of eight to ten visits over up to eight weeks following the date of injury. This claimant has already received therapy in the past and should be capable of home exercises. The

lengthy duration of time since the claimant's prior injury would not support additional therapy at this time based on the CA MTUS Guidelines regarding care.