

<b>Case Number:</b>	CM14-0098502		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 26-year-old male who was injured on 3/7/2014 involving a fall at work, catching his right leg on a bar. He was diagnosed with a right leg laceration and contusion of the upper and lower back. Later, he was diagnosed with lumbar and thoracic spine strain/strain. He was initially treated with medications, staples, antibiotics, splint, and restricted duty. He was later started on physical therapy (unknown number of sessions completed, but was recommended 3 times per week for as much as 4 or more weeks, which would be at least 12 sessions if he completed them). On 5/9/14, an initial orthopedic consultation took place. The worker on that appointment reported neck pain (worsening), upper back pain (worsening), and intermittent low back pain (worsening) right knee pain (worsening), and stiffness and numbness in both legs, which was also worsening. The worker reported having completed physical therapy, but with limited improvement. Then he was recommended to continue physical therapy on his right knee and back for another 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the thoracic spine and right knee - 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2004, OMPG, Pain Suffering and the Restoration of Function, Chapter 6, page 114.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that physical medicine is recommended generally. Passive supervised therapy may be helpful in the beginning of the physical medicine treatment, but active therapy provides the most long-term benefit. The goals of therapy are to wean the patient away from supervised passive therapy towards active home exercises that they can continue on their own. MTUS Guidelines suggest up to 10 visits over 8 weeks for myalgia and myositis, and up to 10 visits over 4 weeks for neuralgia. There is an allowance for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises in special circumstances. In the case of this worker, he had been recommended physical therapy for what appeared to be at least four weeks of 3 visits per week (12+ sessions). This already surpasses the recommended frequency, and he should be able to competently complete home exercises at this point. No evidence was found in the notes available for review suggesting that the worker's case was an exception or that he had difficulty with home exercises. Therefore, 12 more physical therapy sessions for his knee and back are not medically necessary.