

<b>Case Number:</b>	CM15-0010578		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 59 year old male, who sustained a work/ industrial injury as a police officer on 11/21/12. He has reported symptoms of left greater than right low back pain extending into the left buttock and lower extremity and persistent neck pain. Prior medical history includes hypertension. The diagnoses have included cervical and lower back strain. Treatment to date has included non-narcotic and anti-inflammatory analgesics, prior physical therapy sessions, and home exercise program. Recovery had been 90 to 95% with limits in lumbar elasticity. Due to recurrent neck and back pain, physical therapy was requested. A re-evaluation was performed on 12/30/14 with report of burning and radiation to the left arm all the way down to the shoulder and second and third finger of the left hand. Intensity waxed and waned. Additionally, low back pain with progressive symptoms was also evident that became debilitating at times. On 1/16/15, Utilization Review non-certified Physical Therapy 2 x week for 3 weeks @ [REDACTED] Physical Therapy for the low back, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines; Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#2 for Physical Therapy 2 Times A Week for 3 Weeks @ [REDACTED] Physical Therapy for The Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>.The patient underwent several physical therapy sessions without documentation of clear benefit. In fact, the patient was authorized 6 sessions of physical therapy for the upper extremities on April 22, 2013 and additional 6 sessions for the neck on March 6, 2014. In addition, it has been reported that the patient has completed 24 sessions of physical therapy and has been discharged to home stretching and exercise. There is no clear rationale for additional physical therapy. There is no documentation that the patient is not able to do home exercise. Therefore, the request for Physical Therapy 2 Times A Week for 3 Weeks is not medically necessary.