

<b>Case Number:</b>	CM15-0018396		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 26 year old male, who sustained an industrial injury, December 24, 2013. The injury occurred when test driving a car. The alignment was off on the car and the injured worker tried to pull off at an exit and the brakes failed. The injured worker attempted to avoid the car in front and swerved. The car rolled down a hill. The injured worker suffered a head laceration requiring stitches, neck, chest and back injuries causing pain. The injured worker had no fractures and was discharged for the emergency department. The injured worker continues to complain of back and left wrist pain. According to progress note of January 13, 2015, the injured workers chief complaint was pain radiates up and down the spine. The pain was aggravated by prolonged driving, grasping, twisting, and working with the left hand. The physical exam noted decreased range of motion to the cervical neck extension was decreased by 20% flexion, extension was decreased by 20% and lateral tilt was limited by 25% and the rotation of the thoracic spine was decreased. The flexion of the lumbar spine was limited to 60 degrees. The injured worker was diagnosed with chronic pain in multiple body parts, displacement of thoracic disc without myelopathy, degenerative cervical disc and left hand pain. The injured worker previously received the following treatments injections in the past not interested in any more, physical therapy 9 sessions of the approved 12 for the neck and low back, home exercise program, acupuncture was only mildly effective, Norco for pain, Gabapentin, Relafen and Protonix. October 2, 2014, the primary treating physician requested authorization for physical therapy 6 sessions for the cervical spine and physical therapy for the lumbar spine 6 sessions for core strengthening and reinforcing instructions for a home exercise program. On

January 9, 2015, the UR denied authorization for physical therapy 6 sessions for the cervical spine and physical therapy for the lumbar spine 6 sessions. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 6 sessions cervical spine:** Overturned

**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): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone 9 out of 12 recently authorized session of PT. A letter dated 1/13/2015 indicates that the patient has made function gains but the provider feels the worker cannot not yet transition to independent home exercises. At this juncture, the MTUS does suggest that patients be transitioned to a home exercise program per guidelines. However, given this documentation that in the requesting provider's clinical judgement a home exercise program is not yet appropriate, it is reasonable to allow an additional 6 sessions of neck PT. Therefore additional physical therapy is medically necessary.

**Physical Therapy 6 sessions lumbar spine:** Overturned

**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): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone 9 out of 12 recently authorized session of PT. A letter dated 1/13/2015 indicates that the patient has made function gains but the provider feels the worker cannot not yet transition to independent home exercises. At this juncture, the MTUS does suggest that patients be transitioned to a home

exercise program per guidelines. However, given this documentation that in the requesting provider's clinical judgement a home exercise program is not yet appropriate, it is reasonable to allow an additional 6 sessions of lower back PT. Therefore additional physical therapy is medically necessary.