

<b>Case Number:</b>	CM13-0020519		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Occupational Medicine, 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 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:

Patient is a 28 year old with DOI of 11/8/11. The patient is diagnosed with LBP with disc protrusion, Right SI joint sacroilitis, s/p closed head injury with headache and loss of consciousness, stress/depression/anxiety, tinnitus, nasal bleeds, cervical spine pain. The patient has had physical therapy, conditioning, acupuncture, and is taking Norco, Naproxen, and ketoprophen cream. Several PTP notes indicate the patient benefited from physical therapy, but do not give any other information. There were 2 physical therapy notes from august, 2013 in the records. There is a PTP note from 6/7/13 stating the patient is doing well from post op physical therapy and is requesting an SI injection. The patient had right knee partial meniscectomy and synovectomy and started post op physical therapy 4/10/13. There is a note dated 9/13/13 stating "Patient has more back pain due to physical therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions for the cervical/thoracic/lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS physical medicine guidelines allow for fading of treatment with physical therapy. Also, the guides recommend 9-10 visits for myalgia or myositis and 8-10 visits for neuritis, neuralgia or radiculitis. The requested 12 sessions exceeds both of these parameters. There is no clear indication in the records how much therapy the patient has had for the spine. In addition, there is no clear indication why the patient needs full spine physical therapy. There is a clear note stating the patient had a poor response to lumbar physical therapy, however had good response to post op physical therapy for the knee. MTUS would allow for physical therapy if there is documented benefit for it, including functional improvement or reduction in pain. There is no such documentation and the request exceeds initial guidelines. Therefore it is not necessary.