

<b>Case Number:</b>	CM13-0021048		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 6/1/09. A utilization review determination dated 8/9/13 recommends non-certification of physiotherapy as over 32 sessions had already been provided and there was no indication of any significant objective functional limitations. 7/12/13 medical report identifies low back pain. Therapy has been helping. On exam, there is limited lumbar spine ROM. Therapy was recommended to reduce inflammation and pain, improve ROM and strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Regarding the request for physiotherapy 2 times per week for 6 weeks for treatment of the lumbar spine, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are unquantified ROM deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested physiotherapy 2 times per week for 6 weeks for treatment of the lumbar spine is not medically necessary.