

<b>Case Number:</b>	CM13-0023370		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 and is licensed to practice in Texas. 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 injured worker is a 38 year old female who sustained an injury to her low back on 10/13/10 after a trip and fall at work. Treatment to date includes physical therapy, exercise, transcutaneous electrical nerve stimulation, medications, activity modifications, and work restrictions. The injured worker was released back to full duty on 12/12/12, but had some difficulty with continued work. The injured worker underwent an agreed medical evaluation on 04/23/13 that concluded all imaging studies were negative. The injured worker was placed at 5% whole person impairment. A partial/modified certification was made for four visits of physical therapy to update the injured worker's home exercise program. Physical examination noted range of motion restricted with flexion limited to 60 degrees, extension to 15 degrees, lateral rotation to the left and right to 50 degrees; palpation of paravertebral muscles noted tenderness and tight muscle band bilaterally; unable to heel/toe walk; facet loading negative bilaterally; straight leg raise negative; tenderness over sacroiliac spine; motor strength 5/5 throughout bilateral lower extremities; sensation normal throughout and no neurological deficits. The patient was recommended to continue working on modified duty restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO LOW BACK FOR STRENGTHENING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Low Back: ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

**Decision rationale:** The previous request was denied on the basis that the injured worker had already been treated with extensive conservative treatment for the diagnosis of a low back strain. There was no indication that a surgical intervention had been performed or was anticipated. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for physical therapy two times per week times six weeks to the low back for strengthening is not indicated as medically necessary.

**HOME EXERCISE PROGRAM(HEP) INSTRUCTION:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

**Decision rationale:** The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. The previous request for 12 physical therapy visits was partially certified for four visits to update the exercise program. Given this, the request for home exercise program instruction is indicated as medically necessary.