

<b>Case Number:</b>	CM13-0024091		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation 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.

### 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 patient is a 35 year old male who reported injury on 05/09/2012. The mechanism of injury was noted to be the patient was lifting a student from the ground. The patient had low back pain and was treated with chiropractic care, acupuncture and physical therapy. The diagnosis was noted to include lumbago, lumbosacral neuritis and sprain lumbosacral. The request was made for physical therapy three (3) times four (4) for an unspecified body part.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times four (4): 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 Page(s): 98-99.

**Decision rationale:** California MTUS guidelines recommend physical therapy for patients with myalgia and myositis for 9 - 10 visits and for Neuralgia, neuritis, and radiculitis, for 8-10 visits with a transition into a home exercise program. Clinical documentation submitted for review indicated that the patient had prior physical therapy. However, the injury was noted to be 05/09/2013 and there was a lack of documentation regarding the patient's response to the therapy prior to the current sessions. As of 10/17/2013 the patient was noted to have 13 sessions of physical therapy. The clinical documentation failed to provide a thorough objective examination

to include the remaining functional deficits and if the patient received functional benefit from prior therapy. Additionally, the patient should be well versed in a home exercise program over one year post injury. There was a lack of documentation indicating the body part the therapy was being requested for. Given the lack of documentation, the request for physical therapy three (3) times four (4) is not medically necessary.