

<b>Case Number:</b>	CM13-0027431		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 54-year-old male who reported injury on 08/03/2009. The mechanism of injury was not provided for review. The patient was noted to have chiropractic treatments, was noted to have decreased mobility in the spine. The patient was noted to have tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasm and tightness. The straight leg raise was noted to be positive. The patient's diagnoses were noted to include status post laminectomy discectomy at L4-5 on 04/04/2010, status post right knee total arthroplasty 03/22/2012 and status post lumbar spine epidural steroid injection x3. The request was made for physical therapy 2 times a week times 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks for the lumbar spine:** 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, 99.

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient was postsurgical. There was a lack of an objective physical examination revealing the patient had a necessity for physical therapy. Additionally, the patient should be well versed in a home exercise program as they were noted to be postsurgical. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.