

<b>Case Number:</b>	CM13-0027432		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/13/2013
<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 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 Sports Medicine 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 patient is a 52-year-old male who reported injury on 02/09/2010. The mechanism of injury was noted to be the patient was pulling a 400-pound cart when the patient slipped and fell on his back, and the cart landed on him, fracturing his left tibia. The patient was treated with acupuncture. The documentation of 08/23/2013 revealed the patient had a 6/10 pain score. The discussion included a request for 12 sessions of physical therapy and core strengthening to help the patient with core strengthening and stabilization. The diagnosis was noted to be L4-S1 disc herniations with significant bilateral foraminal stenosis and disc herniations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE (2 X PER WEEK FOR 6 WEEKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. There was a lack of

documentation of the patient's prior treatments, duration of care, and the patient's response to prior physical therapy, as the patient was noted to have reported injury in 2010. . The request would exceed guideline recommendations. There was a lack of documentation of an objective physical examination to support the necessity for exceeding guideline recommendations with 12 sessions of physical therapy. Given the above, the request for 12 physical therapy sessions for the lumbar spine, 2 per week for 6 weeks, is not medically necessary.