

<b>Case Number:</b>	CM13-0037142		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, 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 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 65 year old female who reported an injury on 09/06/2012 due to a motor vehicle accident that caused injury to her neck and upper paraspinal musculature. Prior treatments included chiropractic care and massage therapy. The patient's most recent clinical examination findings included restricted range of motion secondary to pain and tenderness to palpation along the paravertebral musculature of the lumbar spine. The patient's diagnoses included low back pain, myofascial pain syndrome, and chronic pain. The patient's treatment plan included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114. The Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** The requested physical therapy 2x8 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend physical

medicine to address functional deficits to include range of motion restrictions and pain complaints. The clinical documentation submitted for review does not provide any evidence the patient has had any conservative treatment for her low back complaints. Therefore, physical therapy would be indicated. However, Official Disability Guidelines recommend a 6 visits clinical trial to establish efficacy of this treatment modality in addressing the patient's deficits. The requested 16 visits of physical therapy is in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 2x8 is not medically necessary or appropriate.