

<b>Case Number:</b>	CM13-0037339		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	10/04/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 44 year old female with a date of injury of 10/03/2011. She has low back pain and degenerative disease. On 09/07/2012 she had a normal EMG/NCS of the lower extremities. On 12/18/2012 she had low back pain and a possible inguinal hernia. On 07/23/2013 she had low back pain radiating to the buttocks. There was tenderness of the left sacroiliac. Straight leg raising was negative on the right and equivocal on the left. The left inguinal area and suprapubic area were tender. Again, she had a possible inguinal hernia. The patient had left piriformis syndrome. She had 30 physical therapy visits for the low back and left hip from 03/2013 to 08/2013.

### 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 3 WEEKS FOR TREATMENT TO THE LUMBAR/LEFT HIP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, LOW BACK (UPDATED 05/10/13) AND HIP & PELVIS (UPDATED 6/12/2013).

**Decision rationale:** The patient had 30 recent physical therapy visits and this was a request for 6 more visits. MTUS ACOEM Chapter 12, Low Back Complaints, recommends a few physical therapy visits for instruction in a home exercise program. MTUS Chronic Pain has a maximum of 10 physicaltherapy visits. By this point nit itme relative ot the injury and after at least 30 physical therapy visits, the patient should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy after 30 visits for low back and hip pain is superior to a home exercise program. The requested additonal physcial therapy is not consistent with MTUS guidelines.