

<b>Case Number:</b>	CM13-0037367		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/23/2013
<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 Occupational Medicine 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 claimant is a 45 year old male with date of injury 7/7/2011. The progress note dated 10/9/2013 reports that the claimant is complaining of back pain with radiation down his right lower extremity with numbness and tingling. He completed physical therapy, and is interested in additional physical therapy. His medications include Wellbutrin, tramadol, nortriptyline and ibuprofen. Physical exam shows slightly antalgic gait, 5/5 muscle strength throughout with the exception of right extensor hallucis longus graded at 4+/5. There was decreased sensation to light touch at L5 distribution of the right leg. Deep tendon reflexes (DTR)s are hyporeflexic and symmetrical throughout. Paraspinal tenderness noted with limited flexion and extension of back. Right knee has healed portal scars with tenderness medial greater than lateral joint lines, slight effusion, and range of motion 0-125 degrees. Diagnoses include 1) pain in joint involving lower leg 2) arthralgia, fibula 3) radiculopathy lower extremity 4) status post right knee meniscectomy 12/2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The claimant is outside the postsurgical physical medicine treatment period of 4 months as recommended by Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009. The claimant has already completed post-surgical physical therapy, and has recently completed 6 additional sessions of physical therapy. There is no indication that a new injury has occurred that would require additional physical therapy. The request for physical therapy is determined to not be medically necessary.