

<b>Case Number:</b>	CM13-0038574		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation, 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 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 66-year-old male who reported injury on 12/03/2011. The mechanism of injury was stated to be there was some wiring across the ground, and the patient tripped and fell. The patient was noted to have right shoulder range of motion that was decreased and left lumbar spine with decreased range of motion and radiating pain into the legs. It was indicated the patient had 40 therapy sessions for his lumbar spine area. The patient's diagnoses were noted to include joint pain in the pelvis, spinal stenosis of the lumbar spine, and acquired spondylolisthesis. The request was made for physical therapy 4 times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy four (4) times a week:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's 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. Clinical documentation submitted for review failed to provide the necessity for the requested treatment. There was a lack of documentation indicating what part of the body the physical therapy would be for, and additionally, there was a lack of documentation indicating the duration of care being requested. Additionally, as the patient was noted to have undergone 40 sessions of physical therapy for the lumbar spine, the patient should be well-versed in a home exercise program if this was for the lumbar spine. Given the lack of documentation and the lack of clarification, the request for physical therapy 4 times a week is not medically necessary.