

<b>Case Number:</b>	CM13-0040613		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine and Pulmonary Diseases 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 patient is a 52-year-old male who reported an injury on 07/29/2013. The patient is currently diagnosed with a lumbar sprain. A work status and treatment plan was submitted on 08/15/2013 by [REDACTED]. The patient demonstrated full range of motion with tenderness to palpation upon physical examination. Treatment recommendations included continuation of current medications and a course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Outpatient Physical Therapy (PT) two times a week for four weeks to the lumbar spine is not medically necessary and appropriate.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the latest

physical examination, the patient demonstrated full range of motion with only tenderness to palpation. Documentation of a significant musculoskeletal or neurological deficit was not provided. Therefore, the medical necessity for outpatient physical therapy twice per week for 4 weeks has not been established. As such, the request is non-certified.