

<b>Case Number:</b>	CM13-0040961		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	02/24/2014	<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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 50-year-old female who reported an injury on 09/30/2011. The mechanism of injury was stated to be the patient fell off some stairs. Clinical documentation indicated the physician did not do a formal examination. The physician was noted to request physical therapy as per the AME. The patient's diagnosis was noted to be lumbar/lumbosacral disc degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**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 indicated the patient had 9 sessions of prior physical therapy. However, there was a lack of documentation indicating the patient's objective

functional improvement with the requested treatment. Additionally, per the submitted request, there was a lack of documentation indicating the quantity of physical therapy being requested. There is a lack of documentation of an objective functional examination to indicate the patient had a necessity for physical therapy. Given the above and the lack of documentation of the number of sessions, the request for physical therapy lumbar spine is not medically necessary.