

<b>Case Number:</b>	CM13-0045357		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pain Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 68 year-old male who was injured on 4/22/13 when he attempted to lift a 130 lbs. oxygen tank onto the deck of a truck. On 5/10/13, [REDACTED] diagnosed thoracolumbar strain, right hip and right knee strain. [REDACTED] lists the diagnosis on 10/7/13, as thoracic disc displacement and lumbar disc displacement. On 10/7/13 [REDACTED] was awaiting authorization for additional physical therapy (PT). The prior PT notes show the patient had 6 PT sessions through 6/27/13 and had decreased pain, increased lumbar range of motion, increased strength and improved function and was able to pick items off the floor without sharp pain. The 10/28/13 utilization review (UR) denial for PT states 6 PT visits failed to demonstrate clinically meaningful benefit, but closer review of the UR letter reveals that UR did not review the PT reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 6 sessions:** Overturned

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

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

**Decision rationale:** The patient presents with mid and lower back pain from a heavy-lifting/twisting injury. Initially he also had right hip and knee pain, but this subsided with the 6 sessions of PT. The PT notes show the 6 sessions of PT were completed on 6/27/13, and there was decreased pain, increased motion, increased lower extremity strength and improved function for bending and lifting. The 10/7/13 report from [REDACTED] notes he had 10 sessions of chiropractic care, but the patient reports not having 'active' educationally-based PT for a home exercise program. MTUS recommends 8-10 PT sessions for various myalgias and neuralgias and does state: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels" The request from [REDACTED] is in accordance with MTUS guidelines.