

<b>Case Number:</b>	CM13-0047559		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, 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:

The patient is a 49 year old female with a date of injury of 01/25/2013. The listed diagnosis per [REDACTED] dated 08/26/2013 is left sided sacroiliitis. According to the report dated 08/26/2013 by [REDACTED], patient presents with pain in the bilateral sacroiliac joints. The physical examination notes indicate left sacroiliac joint is more painful than the right, particularly on extension. The provider's notes state the patient may get an injection on her next visit. He recommends she continue physical therapy. The report also notes that the patient has received extracorporeal shockwave therapy, acupuncture and chiropractic care. The provider is requesting 24 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 24 additional sessions of physical therapy:** Upheld

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

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

**Decision rationale:** This patient presents with bilateral sacroiliac joint pain. The California MTUS guidelines pages 98 & 99 states that for myalgia and myositis type symptoms recommendation is for 8-10 visits over 4 weeks. The medical records are not clear as to exactly how many sessions this patient has had, as there is no therapy reports included for review. However, the medical file does include a certification dated 09/09/2013 for 8 physical therapy sessions. The provider's current request for 24 additional sessions exceeds what is recommended by MTUS guidelines, therefore recommendation is for denial.