

<b>Case Number:</b>	CM13-0049960		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 expert 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 patient with a date of injury of 11/01/12. A utilization review determination dated October 10, 2013 recommends non-certification for 12 visits of physical therapy for the lumbar spine. Non-certification was recommended since the patient has completed 6 physical therapy sessions to date with limited information about ongoing specific or significant functional limitations to support the need for additional therapy. A progress report dated October 2, 2013 indicates that the patient is undergoing physical therapy for his back, hip, and shoulder. He indicates that his hips have improved the most, and he has been taught exercises. The patient is also able to stand and walk more. Physical examination reveals slightly limited lumbar spine range of motion, positive straight leg raise, and normal neurologic examination of the lower extremities. Diagnoses include degenerative lumbar intervertebral disc disease and thoracic/lumbosacral detritus. The treatment plan recommends physical therapy for a total of 12 sessions for range of motion, strengthening exercises, minimal modalities as needed, instruction in self-care, home exercise program, and education in proper joint protection techniques.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 10 visits over 8 weeks for intervertebral disc disorders without myelopathy. Within the documentation available for review, it appears the patient has undergone 6 physical therapy sessions thus far. There is some documentation of objective functional improvement from those therapy sessions. However, there is no documentation indicating what ongoing objective functional treatment goals remain to be addressed with physical therapy that could not be addressed with an independent program of home exercise, which has already been taught to the patient. Additionally, the 12 sessions currently requested exceeds the maximum number recommended by guidelines for this patient's diagnoses. As such, the currently requested 12 physical therapy visits are not medically necessary.