

<b>Case Number:</b>	CM13-0052633		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/30/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 37-year-old male who reported an injury on 8/17/13 due to a rollover accident in a golf cart. The patient sustained an injury to the low back that had been initially treated with physical therapy. Notes indicate that the patient has attended 11 sessions of physical therapy. Physical findings included increase in lumbar range of motion, an increase in hip active range of motion, and decreased lower extremity weakness. The patient's diagnoses included lumbago and sprain of the lumbar spine. The patient's treatment plan included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy twice a week for four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS recommends 8-10 visits of physical therapy for this type of injury. The clinical documentation submitted for review indicates that the patient has undergone 11 visits of physical therapy for this injury without documentation of significant

functional benefit. MTUS guidelines do not recommend continuation of treatment unless there is evidence of functional benefit. Additionally, the requested eight additional visits exceed guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy is not medically necessary or appropriate.