

<b>Case Number:</b>	CM13-0055859		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 70 year old female with a listed date of injury on 01/17/2011. She had a lower back injury transferring a 270 pound patient. In 2011 and 2012 she had epidural steroid injections. On 05/05/2013 she started another course of physical therapy at [REDACTED]. On 06/13/2013 she had an office visit with [REDACTED] for back pain. She had a normal gait. Motor strength was 5/5. Sensory exam was intact. Straight leg raising was negative. Deep tendon reflexes were normal. On 10/15/2013 she had an L4-L5 epidural steroid injection by [REDACTED]. On 10/24/2013 she had an office visit with [REDACTED] who noted positive straight leg raising bilaterally at 90 degrees. Motor strength was 4+/5. Sensory exam was intact. She had degenerative changes on MRI. 18 visits of physical therapy were requested and 4 visits were approved for reinforcement of a home exercise program. On 10/29/2013 [REDACTED] it was noted that she had recent physical therapy that aggravated her back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times per week for 4-6 weeks QTY 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

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

**Decision rationale:** The MTUS chronic pain guidelines allow for a maximum of 10 physical therapy visits provided there is an objective improvement in the ability to do activities of daily living. In this case there is documentation that physical therapy aggravated her back pain and there is no objective documentation that physical therapy improved her ability to do activities of daily living. It is unclear exactly how many physical therapy visits this patient already had. However, the requested 18 visits is not consistent with the guidelines. Also, 4 physical therapy visits were approved for enforcement of a home exercise program. By the time of the request for additional physical therapy visits, she should have already been transitioned to a home exercise program. There was no documented deficits that would preclude a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury.