

<b>Case Number:</b>	CM13-0056214		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	01/14/2011
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 and is licensed to practice in Illinois. 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:

The injured worker is a male who reported an injury on 01/14/2011. The mechanism of injury was the injured worker was standing on a step push ladder and was at the top of the ladder, approximately 10 feet from the ground. A receiving manager was standing on the third story tier shelf about 15 to 20 feet above the ground. The receiving manager was pushing a piece of furniture in a box that weighed approximately 400 pounds. The injured worker was standing on the ladder and utilizing the ladder in order to guide the box. The box suddenly went over the right side of the ladder and the injured worker's instant reaction was to grab the box to keep it from falling. The injured worker let go of the box and felt no immediate pain. The prior treatments included physical therapy and medications. The documentation of 10/30/2013 revealed the injured worker's physical examination was unchanged. The diagnosis included chronic intractable lower back pain with paresthesia and dysesthesia to the left buttock, thigh, and calf. The request was made for physical therapy for the back 2 times a week times 3 weeks.

### 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 three weeks for the back:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of sessions the injured worker had previously attended. There was a lack of documentation of functional improvement with the prior physical treatment. The injured worker was noted to have reported injury on 01/14/2011 and was participating in a home exercise program. There was a lack of documentation indicating necessity for supervised physical therapy and functional deficits that remained. The request as submitted failed to indicate what part of the back would be treated. Given the above, the request for Physical Therapy twice a week for three weeks for the back is not medically necessary.