

<b>Case Number:</b>	CM13-0056414		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/25/2013
<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 Occupational Medicine 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:

The patient is an employee of [REDACTED] Inc. and has submitted a claim for low back pain and knee pain, associated with an industrial injury date of May 27, 2013. Treatment to date has included NSAIDs use, physical therapy, and ultrasound and traction modalities. Utilization review from October 25, 2013 denied the request for additional 12 sessions of physical therapy over 6-12 weeks for the lumbar spine because the claimant has completed 24 sessions of supervised physical therapy, and no significant change in clinical presentation was documented. Also, the current request for additional physical therapy exceeds guideline recommendations for his clinical presentation of lumbago and right knee sprain. Medical records from 2013 were reviewed, the latest of which dated October 4, 2013 revealed that the patient has been participating in formal physical therapy with significant progressive benefit and lessening of flares. Knee and quad weakness was related to lumbosacral spine injury. Patient has been compliant with home exercise that has not been individually successful. Patient disc herniation confirmed on MRI and correlates to clinical symptoms. Patient noting positive straight leg rise on right but now also left. Patient was able to tolerate most of job description activities while enrolled in physical therapy, e-stem, ultrasound and traction modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 12 SESSIONS OF PHYSICAL THERAPY OVER 6-12 WEEKS FOR THE LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. In this case, the patient has completed 24 sessions of supervised physical therapy, and no significant change in clinical presentation was documented. Given the amount of sessions completed, the patient should have an established independent program by now. Therefore, the request additional 12 sessions of physical therapy over 6-12 weeks for the lumbar spine is not medically necessary.