

<b>Case Number:</b>	CM13-0056680		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/06/2013
<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 Physical Medicine & Rehabilitation 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 injured worker is a 37-year-old male who reported an injury on March 18, 2013. The injury occurred while lifting a box of tile weighing approximately 25 pounds. It was indicated the prior treatments included twelve (12) sessions of physical therapy. The documentation that was supplied for review is dated March 28, 2013. There was a request made twelve (12) sessions of physical therapy for the lumbar spine, two (2) times per week for six (6) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. There was no DWC Form request for authorization (RFA) nor a primary treating physician's progress report (PR-2) with an objective physical examination submitted for review. There was a lack of documentation indicating the

objective functional benefit received from the 12 prior sessions of physical therapy. There was a lack of documentation of remaining functional deficits to support the necessity for further treatment. The request for 12 additional sessions would be excessive. Given the above, the request for 12 sessions of physical therapy for the lumbar spine, two (2) times per week for six (6) weeks is not medically necessary.