

<b>Case Number:</b>	CM13-0057372		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan and Nebraska. 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 a 51-year-old female who reported an injury on 07/01/2011. The mechanism of injury was not provided. The office note dated 09/26/2013 revealed the patient had objective findings of trigger points of the paraspinals bilaterally in the lumbar spine, the patient's range of motion were decreased and painful. There was +3 tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles, and a Kemp's test that was positive bilaterally. The sitting straight leg raise was positive bilaterally. The request was made for physical therapy 1 to 2 times a week for 4 weeks, home exercises, chiropractic care and LINT sessions. The patient's diagnoses were noted to include lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, and lumbar sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (8 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS states that physical medicine treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient's date of injury was 07/01/2011. The patient should be well versed in a home exercise program and a request was for home therapy and supervised therapy. There was a lack of documentation indicating the patient had objective functional deficits to support ongoing therapy. Additionally, the request as submitted failed to indicate the body part for which the request was submitted. Given the above, the request for physical therapy is not medically necessary.