

<b>Case Number:</b>	CM13-0063906		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Family Practice 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 a 61-year-old female who reported injury on 01/05/2012. The mechanism of injury was noted to be the patient was attempting to push a rolling cart full of compact and the cart was angled in towards the shelving and wedged in the track of the shelving. The patient was unable to get behind the cart and indicated that she then reached around tugging and pulling on the cart when she experienced a ripping, crunching sensation in the right hip, right thigh, and right groin which radiated down her entire leg to the level of her right knee. Documentation of 11/04/2013 revealed the patient had tenderness and pain in the low back, right hip, and right groin area. The patient had pain radiating into the right popliteal area and a painful, tender spot about the right greater trochanter. The patient's diagnoses were noted to be osteoporosis with possible compression fracture of the lumbar spine, trochanteric bursitis, tendonitis of the right hip, and postsurgical right hip groin pain. The request was made for a short course of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two times a week for Three weeks for the Lumbar Spine:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia. There was a lack of documentation indicating the number of sessions the patient had participating in. There was a lack of document indicating the patient had objective functional deficits to support the necessity for ongoing physical therapy. The patient should be well-versed in a home exercise program. Given the above, the request for physical therapy two times a week for three weeks for the lumbar spine is not medically necessary.