

<b>Case Number:</b>	CM13-0067926		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 40-year-old male who reported injury on 4/9/13. The documentation of 10/2/13 revealed that the patient had six sessions of physical therapy. The patient's diagnosis was displacement of lumbar intervertebral disc without myelopathy. The clinical documentation dated 10/2/13 was a progress note and plan of treatment for outpatient physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY SESSIONS TWICE A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. It is 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 and myositis.

The patient had 6 sessions of physical therapy and there was a lack of objective functional benefit received from prior therapy. There was a lack of documentation indicating the patient's remaining functional deficits. There was a lack of documentation indicating to support 8 additional sessions, which would exceed guideline recommendations. Given the above, the request for additional physical therapy is noncertified.