

<b>Case Number:</b>	CM13-0068026		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/17/2000
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/19/2013
<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 & Rehabilitation, has a subspecialty in Pain 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 61-year-old female who reported an injury on 10/17/2000. The mechanism of injury was not provided for review. The patient's conservative care included a functional restoration program, physical therapy, a home exercise program, and multiple medications. The patient's most recent clinical evaluation dated 11/25/2013 documented that the patient had tenderness to palpation of the lumbar paraspinal musculature with limited range of motion secondary to pain and decreased motor strength of the right lower extremity rated at a 4/5. A request was made for 12 physical therapy sessions to the lumbar spine to assist the patient was re-establishing a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PHYSICAL THERAPY VISITS TWO TIMES A WEEK FOR SIX WEEKS TO LUMBAR SPINE:** 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:** The requested 12 physical therapy visits 2 times a week for 6 weeks to the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient has had extensive physical therapy and is participating in a home exercise program. However, due to the patient's deficits, 1 to 2 visits of physical therapy to reeducate and reestablish a home exercise program may be appropriate for this patient; however, the requested 12 physical therapy visits is well in excess of this number of visits. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 physical therapy visits 2 times a week for 6 weeks to the lumbar spine is not medically necessary or appropriate.