

<b>Case Number:</b>	CM14-0004505		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

This is a 56-year-old female patient with a 9/16/11 date of injury. She injured her neck, back, right shoulder, right arm, right leg and right foot when she was installing a rotor in the hub of a school bus. A 9/6/13 progress report indicated that the physical exam demonstrated limited range of motion in the lumbar spine, diminished muscle strength in the lower extremity at 4+/5 in the right hip flexion. She was recommended for physical therapy for lumbar spine of 18 sessions. A 10/16/13 progress report indicated that that she had some residual right leg pain and pain around SI joints. Physical exam demonstrated pain on the SI joints; some limited lumbar range of motion. A 10/23/13 physical therapy progress report indicated that strength was 3/5 with pain still a limiting factor. The patient's pain ranges from 3-7/10. The patient has made good progress. She was diagnosed with L4-5 spondylolisthesis, severe lumbar stenosis L4-5 with symptoms consistent with claudication, status post L4-5 anterior-posterior spinal fusion with instrumentation, right shoulder possible impingement. Treatment to date: medication management, physical therapy. There is documentation of a previous 1/9/14 adverse determination, based on a fact that there was no medical rationale to support why this patient was not able to transition to a self-directed home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE SI JOINT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 6) PAGE 114.

**Decision rationale:** The California MTUS guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the injured worker has completed 18 sessions physical therapy. The ODG Low Back Chapter supports up to 10 sessions of physical therapy for sacroiliac sprains. There is no clear rationale provided as to why the patient needs 6 additional physical therapy sessions for a total of 24 sessions, which far exceeds the guideline recommendations. It is unclear why the injured worker has not been able to transition successfully to a home exercise program. Therefore, the request for Additional Physical Therapy Two (2) Times a Week For Three (3) Weeks For the SI Joint was not medically necessary.