MAXIMUS Federal Services

| Case Number: | CM14-0108405 | | |
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| Date Assigned: | 08/01/2014 | Date of Injury: | 04/12/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

## 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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported a fall on 04/12/2013. On 04/30/2014, he reported improving with his physical therapy and rated his pain at a 1-2/10 and only on rare occasions would it get as high as a 3/10. He had a walking exercise program of 1.5 to 2 hours 2 to 3 times per week and was not taking any pain medications. His complaints included low back stiffness with some associated numbness and tingling. The lumbosacral ranges of motion showed that he was capable of getting his fingertips to the midtibia and extension to 20 degrees. Right and left lateral bending were also 20 degrees. The plan was for him to continue with his strengthening exercises. A physical therapy note of 05/08/2014 stated that the he reported a significant reduction in the intensity, frequency and duration of his low back pain and related symptoms. He was pleased with the progress that he had made for his lumbar spine. He had asked to return to work. There is no documentation after that date, so it is unknown whether or not he did return to work. There was no rationale included in this injured worker's chart. The Request for Authorization dated 05/14/2014 was included.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x4 for the Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines,Physical Therapy Guidelines.

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

**Decision rationale:** California MTUS Guidelines recommend that active therapy is indicated for restoring flexibility, strength, endurance, function and range of motion and to alleviate discomfort. Injured workers are expected to continue with active therapies at home. The physical medicine guidelines allow for a fading of treatment frequency, from up to 3 visits a week to 1 or less. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The documentation notes that this injured worker had received 6 sessions of physical therapy with adequate pain relief and functional improvement. The requested additional 8 visits of physical therapy exceed the guideline recommendations of 9 to 10 visits when combined with the 6 visits that he had already completed. Additionally, his report of significant improvement of pain and functioning precludes the need for further therapy. Therefore, this request for additional physical therapy 2 times 4 for the low back is not medically necessary.