

<b>Case Number:</b>	CM14-0015739		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational Medicine 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:

This is a 45-year-old male patient with a 7/20/11 date of injury. Medical reports from 2013 indicate severe back pain. Physical exam demonstrates left dorsiflexion 5-/5 weakness, sensory disturbances in the dorsal of the left foot and medial aspect the left knee. There are persistent severe muscle spasm over the lumbar spine. The 11/7/13 progress report indicates sharp, severe back pain that travels across the lower back. The patient reports sleep disturbances. Physical therapy is noted to provide temporary relief. Physical exam demonstrates left dorsiflexion 5-/5 weakness, sensory disturbances in the dorsal of the left foot and medial aspect the left knee. There are persistent severe muscle spasm over the lumbar spine. The patient was considered permanent and stationary with maximal medical improvement on 10/11/13. Treatment to date has included medication, activity modification, PT. The patient underwent surgery for a left patellar fracture in 1986; had hardware removal subsequently. There is documentation of a previous 1/17/14 adverse determination for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy.

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

**Decision rationale:** The CA MTUS stresses 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 medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. The patient was considered permanent and stationary with maximal medical improvement on 10/11/13. Therefore, the request for twelve (12) Physical Therapy sessions for lumbar spine was not medically necessary.