

<b>Case Number:</b>	CM14-0015924		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/10/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 39-year-old female who reported an injury on 03/26/2013. The mechanism of injury was not provided. On 01/13/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine there was tenderness and spasm. The range of motion values were 60 degrees of flexion, 20 degrees of extension, and 20 degrees of bilateral bending. There was pain reproduced with motion, a positive Lasegue test, and decreased sensation present at the lateral aspect of the left foot. The diagnoses were disc protrusion 4 mm at L5-S1, pars defect L5 bilateral, and grade 1 spondylolisthesis L5 to S1. Prior therapy included medication, psychiatry, and physical therapy. The request for authorization form was dated 01/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X4:** 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.

**Decision rationale:** The request for physical therapy 3 times a week for 4 weeks is non-certified. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines recommend for up to 10 visits of physical therapy for 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of physical therapy visits that have already been completed was not provided. Injured workers are expected and instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Additionally, the provider's request did not indicate the site that the physical therapy was intended for. As such, the request is not medically necessary.