

<b>Case Number:</b>	CM14-0017965		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & 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 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 49 year old female who reported an injury on 03/13/2012. The injury reportedly occurred as the result of a slip and fall. Per the clinical note dated 02/12/2014 the injured worker reported back pain, neck pain, and right hip pain. The MRI dated 01/17/2013 showed L5-S1 disc protrusion without central or foraminal stenosis. In a clinical note dated 01/24/2013 there was documentation that the injured worker had been taking Percocet and Soma for pain and had obtained narcotics from multiple physicians; however, there was no documentation of any urine screening. Per clinical note dated 02/12/2014 physical examination reported diffuse tenderness across entire back and sacroiliac with the right greater than left. The note also noted decreased range of motion. The injured worker had attended 12 sessions of physical therapy previously. The request for authorization for medical treatment was dated 06/14/2013. The injured worker's diagnoses included low back pain, thoracic back pain, neck pain, right hip pain, and disc protrusion at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY QTY : 6.00 (2 X 3): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PHYSICAL THERAPY GUIDELINES.

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

**Decision rationale:** The California MTUS guidelines recommend allowing for fading of treatment frequency, from up to 3 visits per week to 1 or less. The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The injured worker had 12 sessions of physical therapy prior to this request; however, there is a lack of documentation regarding those physical therapy sessions. The requesting physician did not include an adequate and complete assessment of the injured workers range of motion and the efficacy of the prior therapy was not demonstrated within the provided documentation. Therefore, the request for 6 sessions of physical therapy 2 times a week over 3 weeks is non-certified.