

<b>Case Number:</b>	CM14-0125031		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 has a subspecialty in Neuromuscular 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:

The patient is a 49 year old male with a work injury dated 3/17/14. The diagnoses include left L4-L5 herniated nucleus pulposus (HNP) and sciatica. Under consideration is a request for home physical therapy. There is a primary treating physician report dated 6/20/14 that states that the patient has continued complaints of low back pain radiating down to the left leg. He did do physical therapy, which has helped with his symptoms since last visit. He does take tramadol as needed for his symptoms. He is requesting the use of a lift gate as well as a lumbar seat cushion so as to not aggravate his symptoms at work. On exam, the lumbar spine reveals range of motion allowing for 70 degrees of flexion at the hips with forward reach to the midshin. extension of 20 degrees and lateral flexion of 30 degrees on each side. Straight leg raise is negative bilaterally. Neurologic exam of the lower extremities is intact. The treatment plan states that he has completed physical therapy. He is to continue the home physical therapy program as well as core strengthening hamstring stretches and walking for exercise. There is a recommendation to use a lift gate in order to transfer objects onto a truck as well as a lumbar seat cushion so as to help with his symptoms and not aggravate any further injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services p.51 Acupuncture Medical Treatment Guidelines Page(s): p.51.

**Decision rationale:** Home physical therapy is not medically per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend home health services for patient who are not homebound. The documentation does not indicate that the patient is homebound. The request for home physical therapy is not medically necessary.