MAXIMUS Federal Services

| Case Number: | CM14-0125082 | | |
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| Date Assigned: | 08/11/2014 | Date of Injury: | 05/19/2014 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 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 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:

The patient is a 39 year-old female with date of injury 05/19/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as dull, moderately severe pain in the buttocks. Objective findings: Patient walked with a normal gait, full weight bearing on both lower extremities. The patient had normal posture. There was no weakness to the lower extremities. The spine was not kyphotic. The patient did not have scoliosis. The patient had no loss of lumbosacral lordosis. The pelvis was symmetrical. There were no spasms of the thoracolumbar spine and paravertebral musculature. There was no tenderness of the thoracolumbar spine and paravertebral musculature. Patrick-Fabere test for pathology of the sacroiliac joint was negative. Extensor halluces longus test was negative. There was no restriction of range of motion of the back. Straight leg test was negative. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Tenderness to palpation was noted of the coccyx area. Diagnosis: 1. Coccygodynia 2. Contusion buttocks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x week x 6 weeks cervical, thoracic, lumbar & right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, Low Back, Shoulder

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

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments.The request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments.