

<b>Case Number:</b>	CM14-0132281		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 male who reported an injury on 11/19/2011 who sustained injuries to his lumbar spine, left knee and low back due to repetitive motion from painting walls. The injured worker's treatment history included epidural steroid injections, cortisone injections, chiropractic treatment, MRI studies and medications. Worker was evaluated on 07/01/2014 it is documented that the injured worker complained of low back pain. The pain was rated at 6/10 to 8/10. Objective findings: no changes. Diagnoses included lumbar sprain/strain, DDD (disk degenerative disease). The Request for Authorization dated 07/08/2014 was for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, lumbar 3x4 QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional

improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, the provider failed to indicate outcome measurements of home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. Given the above, the request for physical therapy lumbar 3X4 qty 12 is not medically necessary.