

<b>Case Number:</b>	CM14-0175174		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/13/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain, low back pain, diabetes, dyslipidemia, and anxiety reportedly associated with an industrial injury of December 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of physical therapy. Tylenol No. 3 and MRI imaging of the hip were also renewed. The claims administrator seemingly based its decision on non-MTUS ODG Guidelines, stating that applicant should be reevaluated after a six-session clinical trial. The applicant's attorney subsequently appealed. In a July 24, 2014 progress note, the applicant was described as having ongoing complaints of low back pain radiating to the leg. The applicant was asked to pursue acupuncture and consider an epidural steroid injection. In a September 11, 2014 progress note, the applicant was placed off of work, on total temporary disability. Ongoing complaints of hip and low back pain were noted. The applicant exhibited significant limp. MRI imaging of the hip, 12 sessions of physical therapy, and Voltaren were endorsed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topicFunctional Restoration Approach to Chronic Management section Page(s).

**Decision rationale:** The 12-session course of physical therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies the MTUS position on physical therapy by noting that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on analgesic medications such as Voltaren. The attending provider has failed to outline any significant improvements in function achieved as a result of earlier physical therapy treatment. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.