

<b>Case Number:</b>	CM14-0027601		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Minnesota. 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 54-year-old female who reported an injury on 06/15/2012. The mechanism of injury was not provided. The clinical note dated 06/02/2014 noted the injured worker presented with complaints of lower back pain. Prior treatments included physical therapy and medications. Upon examination, there was tenderness to palpation of the bilateral lumbar paraspinal and spinous processes, the bilateral iliac crests, and the right sacroiliac joint. There was positive facet loading bilaterally, normal sensation bilaterally, normal deep tendon reflexes bilaterally, and normal motor strength at 5/5 bilaterally in the lower extremities. The diagnoses were lumbalgia, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, shoulder pain, and neck pain. The provider recommended outpatient physical therapy 2 times a week for 3 weeks to the lumbar spine. The provider's rationale was not provided. The request for authorization was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY (2)TIMES A WEEK TIMES (3)WEEKS TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines.

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

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend up to 10 physical therapy visits for up to 4 weeks. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation with details regarding the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed is not provided. As such, the request is not medically necessary.