

<b>Case Number:</b>	CM14-0034689		
<b>Date Assigned:</b>	03/20/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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:

A progress report dated October 16, 2013 was provided by the neurological surgeon [REDACTED]. The patient presents on October 16, 2013, for a two-year postoperative evaluation after undergoing T9 to pelvic decompression, fusion, and instrumentation. Physical examination: Muscle strength is 5/5 in upper and lower extremities. Tone is normal. Deep tendon reflexes are normoactive and symmetrical. Sensory examination is intact. Coordination is normal. [REDACTED] requested a CT scan of the thoracolumbar spine without contrast as well as a thoracolumbar MRI scan with and without contrast. There are findings related to posterior spinal fusion from T9 through the bilateral sacroiliac joints with apparent pedicle screws and vertical stabilization rods. No evidence of hardware failure or complication. There is osseous fusion of the posterior elements of the lumbar spine. An office note dated November 25, 2013 by [REDACTED] documented physical examination: the patient is awake and alert. He does not have any focal deficits for hip flexion, knee extension, or dorsiflexion. The patient does have decreased sensation in L4 distribution on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits for low back and bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks Page(s): 98-99,.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. The medical records provided for review show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 2012. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The requested 12 physical therapy visits for the low back and bilateral lower extremities are not medically necessary and appropriate.