

<b>Case Number:</b>	CM14-0036717		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with a date of injury of November 4, 2013. A utilization review determination dated March 5, 2014 recommends non-certification of additional physical therapy. Non-certification is recommended due to a lack of documentation of objective functional improvement from the 18 sessions of physical therapy already provided. A progress report dated May 5, 2014 identifies subjective complaints indicating that the patient has been denied additional physical therapy. He was last seen for physical therapy on April 9, 2014 when he completed 14 visits. The physical therapist stated that the patient is "not ready to tolerate impact activity needed for full duty work." The therapist recommended continuing once or twice weekly for 6 to 8 weeks to progress his core stability exercise, increase his lower extremity strength, and begin gentle impact activities. The patient continues to have pain rated as 4-6/10. Physical examination is "unremarkable." Diagnoses include lumbar degenerative disc disease, left L4-5 protrusion, right L2 transverse process fracture, chronic lumbar strain, and right or left foot peroneal brevis tendonosis. The treatment plan recommends additional physical therapy. A progress report dated March 24, 2014 indicates that the patient has completed 8 sessions of physical therapy and has been given a home exercise program. The note goes on to state, "his symptoms are neither better nor worse and he has difficulty maintaining positions."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x 6 (12) visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back (updated 02/13/14) Physical Therapy(PT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no physical examination findings identifying ongoing objective functional deficits, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.