

<b>Case Number:</b>	CM14-0037023		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 and Pain Management has a subspecialty in Interventional Spine 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 patient is a 37 years old male with an injury date on 06/25/13. Based on the 01/15/14 progress report provided by [REDACTED], the diagnoses are: 1. Other visual disturbances (Blurred vision) ICD-102. Other synovitis and tenosynovitis. Right hand3. R/O (rule out) Joint derangement, unspecified4. Other intervertebral disc displacement, lumbar region5. Strain of unspecified muscles, fascia and tendons at thigh level6. R/O (rule out) Left inguinal hernia. According to this report, the patient complains of right wrist/hand pain, low back pain, and left groin pain. Tenderness to palpation was noted at the fourth and fifth extensor muscle compartment, the carpal bones and over the flexor tendon attachment sites. Pain was noted in the low back with heel walk and toe walk. There was tenderness to palpation at the spinous processes of L3-L5 and along the course of the inguinal ligament. Lumbar range of motion was restricted. Positive straight legs raise bilaterally, tripod sign and sitting root. There were no other significant findings noted on this report. [REDACTED] is requesting 12 sessions of physical therapy for lumbar spine. The utilization review determination being challenged is dated 03/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/2014 to 02/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the 01/15/14 report by [REDACTED] this patient presents with pain at the lower back and left leg. The treater is requesting 12 sessions of physical therapy for lumbar spine. Review of available reports show that the patient had 8 sessions authorized from 01/27/2014 to 03/27/2014. No therapy reports were provided on the authorized session and there is no discussion regarding the patient's progress on any of the reports. The treater also does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given the patient's 8 authorized therapy sessions, the requested 12 sessions exceed what is recommended by MTUS for this kind of condition. Therefore, the request of Physical Therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary and appropriate.