

<b>Case Number:</b>	CM14-0044834		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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:

The injured worker is a 40-year-old female who reported an injury after she slipped in a freezer on 08/05/2013. The clinical note dated 03/20/2014 indicated diagnoses of lumbago, sprain/strain of the lumbar region and old disruption of other ligaments. The injured worker reported constant discomfort to the lumbar spine. On physical examination, the injured worker ambulated with an antalgic gait. There was tenderness over the facet joints. The injured worker had lumbar pain with facet loading. The injured worker had a straight leg raise test that was negative for radicular pain. The injured worker's prior treatments included medication management and 6 sessions of physical therapy. The injured worker's medication regimen included Relafen. The provider submitted a request for outpatient physical therapy for the lumbar spine. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy 3 tiems a week for 4 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The California MTUS states 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 note 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, including efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating that the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility to warrant additional sessions of physical therapy. Moreover, 12 sessions of therapy is excessive. Therefore, the request for physical therapy 3 times a week for 4 weeks is non-certified.