

<b>Case Number:</b>	CM14-0051587		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36-year-old male who reported an injury on 02/19/2013. The mechanism of injury was not provided. On 03/03/2014, the injured worker presented with constant low back pain radiating to the bilateral legs and heel. He also reported difficulty sleeping. Upon examination, there was a small scar on the lumbar spine due to surgery. There was continued pain, numbness, tingling and weakness of the right leg and pain to the right gluteal and sciatic notch. Prior therapy included aquatic therapy and medications. The diagnoses were status post lumbar spine subluxation with laminectomy and discectomy, L5-S1 on the right with residual right lower extremity radiculopathy. The provider recommended six (6) sessions of land therapy. The provider's rationale was not provided. The request for authorization form was dated 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Land Therapy (PT): Upheld**

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

**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 a 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. 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. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits, that have already been completed and the efficacy of the prior therapy, were not provided. Injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, six (6) sessions of Land Therapy (PT) are not medically necessary.