

<b>Case Number:</b>	CM14-0056250		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 38-year-old male with a date of injury on 9/25/2009. Diagnoses include herniated disc, and patellofemoral syndrome of the right knee. Subjective complaints are of low back pain radiating to the thigh, rated 6-9/10. Physical exam shows decreased lumbar range of motion, positive Kemp's and straight leg raise test. Prior treatment included physical therapy, chiropractic, acupuncture, medications, epidural steroid injections, gym membership, and knee brace. Submitted documentation shows that patient has received at least 18 sessions of physical therapy. Patient also had approval of 4 physical therapy sessions on 2/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy/massage lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, PHYSICAL THERAPY.

**Decision rationale:** The ODG recommends to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Therapy. The ODG

recommends 10 visits over 8 weeks for intervertebral disc disorders. This patient has already received at least 18 sessions of physical therapy. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, Physical Therapy/Massage Lumbar is not medically necessary.