

<b>Case Number:</b>	CM14-0056826		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 10/10/12. The diagnoses include lumbar degenerative disc disease and myofascial spasm. Under consideration is a request for physical Therapy 12 sessions low back, right leg. There is an orthopedic physician report dated 4/27/14 that states that the patient did not remember having a formal physical therapy program. The documenting physician states that on review of his records the patient did have therapy from December 3, 2012 through February 28, 2013. The orthopedic surgeon states that he does not see that there is any major change in the patient's treatment program and no surgery contemplated. He recommends physical therapy and medication management. There is a 3/25/14 worker's compensation consultation that states that the patient arrives with no authorization for medical record review. The document states that this is extremely important in a patient who has had care since October of 2012. It appears that the accepted body parts have been the low back, right leg, and hip. The document states that states as part of the past treatment to date, the patient describes pain medication, physical therapy and chiropractic therapy as having no change in her condition. On exam, the patient moves about antalgically. In posture, she has some flattening of her lumbar lordosis and marked restriction of her range of motion. She has limited lumbar range of motion. She has marked myofascial spasm in the right quadratus and paraspinous musculature, into the gluteal muscles. well as the iliotibial band. She has shortened hamstrings with tenderness in them. She has a reverse straight leg raise that is negative bilaterally as is her more traditional supine straight leg raise. Rotation of her hips produces pain in the piriformis muscle on the right side. Her reflexes are 2+ and symmetric. Her sensation is entirely intact. The documenting physician feels that the patient lacks an active physical therapy program where she may learn to move more fluidly and without fear. The patient again denies having physical therapy. The

physician recommends physical therapy, 12 sessions, two per week, with Active PT to teach a home exercise program and myofascial release. A 10/7/13 document states that the patient was originally seen by occupational medicine physicians and started on a course of physical therapy. When things failed to improve, she was seen by one of their orthopedic consultants.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 12 sessions low back, right leg:** 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): 98-99.

**Decision rationale:** Physical Therapy 12 sessions low back, right leg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request exceeds the guideline recommendations which recommend up to 10 visits for this condition. The documentation is conflicting over whether the patient has had therapy. The documentation from the physician records indicate she has had therapy with poor outcome. Due to the unclear nature of the prior therapy, and the request which exceeds the recommended number of visits for this condition, a request for additional therapy 12 sessions low back, right leg is not medically necessary.