

<b>Case Number:</b>	CM14-0067099		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Nevada. 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 63-year-old female who was reportedly injured on February 21, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 18, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, and low back pain. Prior left shoulder pain has been treated with surgery. The physical examination demonstrated full range of motion of the left shoulder but with guarded motion and diffuse tenderness. Examination of the cervical and lumbar spine also reveals full range of motion with diffuse tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left shoulder surgery and apparent physical therapy for the lumbar spine. A request was made for 12 additional visits of physical therapy for the lumbar spine and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 12 sessions for the lumbar spine:** 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), Low Back Chapter pg. 32

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the medical record the injured worker has apparently participated in physical therapy for the lumbar spine, however there is no documentation regarding the number of physical therapy visits for their efficacy. Without this information, this request for 12 additional visits of physical therapy for the lumbar spine is not medically necessary.