

<b>Case Number:</b>	CM14-0069686		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/28/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

This is a 42-year-old female with a 12/28/09 date of injury. The mechanism of injury occurred when the patient was working as a housekeeper and slipped on ice, fell onto her buttocks, and felt immediate low back pain. According to a progress report dated 3/6/14, the patient stated that she was doing better but still had some crepitus about the knee. On exam, she had crepitus but a full ROM. Diagnostic impression: myalgia and myositis, lumbar radiculopathy. Treatment to date: medication management, activity modification, functional restoration program, acupuncture, trigger point injections. A UR decision dated 5/10/14 denied the request for therapeutic exercises. This is a request for 4 sessions of physical therapy for the lumbar spine. The documentation does not indicate the reasons for considering physical therapy and does not explain the persistence of the claimant's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to an RFA request dated 4/29/14, this is a request for 4 sessions of physical therapy. In the reports provided for review, it is noted that the patient has had prior physical therapy treatment. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions she has had previously. In addition, it is unclear why the patient is not participating in an independent home exercise program. Furthermore, the area of treatment was not noted in this request. Therefore, the request for Therapeutic exercises was not medically necessary.