

<b>Case Number:</b>	CM14-0074900		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

The injured worker is a 56-year-old male who reported an injury on 04/01/2012, sustained while he was physically attacked by another individual. On confrontation, he suffered a break of his lower left leg/ankle. He felt pain in his left ankle. It was noted 2 or 3 days later, he sustained injuries to his lower back and right leg pain, along with numbness in his right foot. The injured worker's treatment history included x-rays, chiropractic treatment, massage treatment, MRI, physical therapy, surgery, and epidural steroid injections. The injured worker was evaluated on 05/21/2014 and it was documented that the injured worker complained of recurrent, slight to moderate low back pain; and frequent severe wrist pain; severe numbness in his hands; as well as frequent to moderate severe tingling. Within the documentation, it was noted the injured worker underwent back surgery on 08/01/2013. The injured worker was exercising without much problem. Objective findings of his back revealed no interval changes on examination. Motor strength was a 5/5 bilaterally. Sensation to touch remains intact bilaterally L1-S1. Reflexes equal bilaterally. No acute abnormality noted. Diagnoses include a stenosis, lumbar; degeneration, lumbar intervertebral disc; scoliosis, and carpal tunnel syndrome bilaterally. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Physical Therapy Sessions Between: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions. It was noted the injured worker is working out without any significant issues other than sometimes experience a little pain in his lower back if he over does exercises. The request failed to indicate what location physical therapy is required for the injured worker. In addition, long-term functional goals were not provided for the injured worker. Furthermore, the amount of visits requested will exceed guidelines recommended amount of visits. Given the above, the request for 12 additional physical therapy sessions between 5/12/14 and 6/26/14 is not medically necessary.