

<b>Case Number:</b>	CM14-0086841		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 65 year old female whose date of injury is 09/22/2006. The mechanism of injury was getting off a tractor when she fell and struck her face. Progress report dated 05/15/14 indicates that the injured worker has ongoing constant low back pain with radiation into her legs. On physical examination she ambulates with the assistance of a single point cane. Impression notes axial low back pain, chronic left gluteus medius strain, chronic lumbar paraspinal strain, rule out left sacroiliac (SI) joint dysfunction. The injured worker was recommended for a course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of physical therapy:** 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 Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The number of physical therapy visits completed to date is not documented, and the injured worker's objective functional response to prior

physical therapy visits is not documented to establish efficacy of treatment. There are no specific, time limited treatment goals provided. California Medical Treatment Utilization Schedule (MTUS) guidelines would support one to two visits every four to six months for recurrence/flare up and note that elective/maintenance care is not medically necessary. Therefore, the request for 6 sessions of physical therapy is not medically necessary and appropriate.