

<b>Case Number:</b>	CM14-0088498		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 4/12/11. A utilization review determination dated 6/6/14 recommends non-certification of PT. 5/14/14 medical report identifies low back pain "pretty much same." On exam, there is tenderness and limited ROM with positive SLR at 25 degrees bilaterally and weakness in dorsiflexion and plantar flexion, especially on the left. There is a separate notation of weakness LLE musculature 4+ and RLE is listed as "5+." Gait is antalgic and patient walks with a cane. Patient had completed 3 PT sessions with 4 additional sessions pending. 5/19/14 PT note cites that, after completion of 6 sessions, there is improvement with ADLs, hip ROM, and LE strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 times a week for 6 weeks to the left hip and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy Page(s).

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

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 6 prior PT sessions with some functional improvement, but there is no indication that the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request Physical Therapy is not medically necessary.