

<b>Case Number:</b>	CM14-0181321		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational Medicine and is licensed to practice in New York & North Carolina. 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 patient is a 66 year old man with back pain, after a lifting a heavy box on 3/18/14. He was a machinist for over 40 years, and retired not long after his injury. He was treated with Acetaminophen, Ibuprofen and Tramadol. Pain is worse with activity and better with rest and medication. He has had 12 visits of physical therapy and his physician requested additional therapy sessions. An additional 8 sessions were requested; the request was denied 10/20/14. The patient subjectively felt that physical therapy (PT) was helpful. This denial is being appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4, lumbar spine:** Upheld

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

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

**Decision rationale:** The patient has had 12 prior physical therapy sessions. Active therapy is recommended for musculoskeletal conditions per the CA MTUS, chronic pain guidelines. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgias and myositis, unspecified (ICD9 729.1): 9-10

visits are allowed over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits are allowed over 4 weeks. He has already had at least 12 visits of physical therapy, and should be independent with a home program. Additionally, there is no documentation of functional improvement with the therapy already completed. The denial is upheld, as medical necessity has not been established for physical therapy.