

<b>Case Number:</b>	CM14-0186809		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 48-year-old female with a 1/14/2011 date of injury. She injured herself while lifting a case of soda. A progress report dated 10/6/14 noted subjective complaints of continued back pain, tingling and cramping on both feet. It is noted that physical therapy is not helping. There are no objective findings noted. Diagnostic Impression: lumbago, lumbosacral neuritis, and neck sprain. Treatment to Date: physical therapy, ESI, and medication management. A UR decision dated 10/16/14 denied the request for physical therapy to unspecified body part(s) three times per week over four weeks. After several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, the notes actually state that therapy is not helping; there is no objective functional improvement. There is no mention to what areas this therapy would be applied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (body parts unspecified), three times weekly for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

**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. However, given the 2011 original date of injury, it is unclear how many total episodes of physical therapy the patient already has undergone. Additionally, in the documents available for review, it is clearly noted that prior physical therapy has not helped. In the absence of any subjective or objective benefit derived from prior sessions of PT, it is unclear why additional sessions would be requested. Furthermore, the location of the requested physical therapy is not specified. Therefore, the request for physical therapy (body parts unspecified), three times weekly for four weeks, was not medically necessary.