

<b>Case Number:</b>	CM14-0191948		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice, 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:

37 yr. old male clamant sustained a work injury on 2/15/08 involving the low back, shoulders and ribs. He was diagnosed with lumbar disc disease and underwent disc replacement surgery in April 2014. He was also diagnosed with right shoulder bursitis and left shoulder impingement syndrome. A progress note on 10.9.2014 indicated the claimant had continued back pain. Exam findings were notable for limited range of motion of the lumbar spine and decreased sensation in the L5 dermatome. The physician requested 10 additional sessions of physical therapy. The claimant had been prescribes 12 sessions of physical therapy a month prior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x5 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already been prescribed 12 sessions of therapy a month prior. There is no

documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, the physical therapy (2x5) sessions are not medically necessary.