

<b>Case Number:</b>	CM14-0206034		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 34 year old female with an injury date of 09/02/13. Based on the 09/10/14 progress report provided by treating physician, the patient complains of dull aching pain to the lower back rated 4-8/10 radiating to the right lower extremity with numbness, tingling, and weakness. Patient denies surgical history, acquired injury when she tripped over a box at and rolled 3 times at her place of employment. Physical examination 09/10/14 revealed tenderness to palpation to the lumbar spine, positive straight leg test to the right lower extremity. Range of motion was decreased on flexion and extension. Patient is currently taking Tramadol and Motrin. Diagnostic imaging was not included with the supplied documentation. Per physical therapy documentation the patient has had 5 sessions as of 10/28/14. Patient is currently on modified work duty. Diagnosis 10/02/14- Lumbar strain- Right foot strain Diagnosis 09/10/14- Lumbar muscle strain and spasm with possible radiculopathy The utilization review determination being challenged is dated 11/24/14. The rationale is "This request is modified to approve physical therapy 2 times a week for 4 weeks... the modified request is consistent with the guideline recommendations and will allow for instruction and oversight of an independent home program of exercise and strengthening." Treatment reports were provided from 09/10/14 to 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions (2 times a week for 4-6 weeks) for the Low Back and Right Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy (PT); Ankle & Foot, Physical therapy (PT)

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

**Decision rationale:** The request is for 12 Physical Therapy Sessions (2 times a week for 4-6 weeks) for the Low Back and Right Foot. Injured worker denies surgical history, acquired injury when she tripped over a box at and rolled 3 times at her place of employment. Physical examination 09/10/14 revealed tenderness to palpation to the lumbar spine, positive straight leg test to the right lower extremity. Range of motion was decreased on flexion and extension. Injured worker is currently taking Tramadol and Motrin. Diagnostic imaging was not included with the supplied documentation. Per physical therapy documentation the injured worker has had 5 sessions as of 10/28/14. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per MTUS guidelines physical therapy is indicated for lumbar pain and radiculopathy. In this case, the treating physician has requested 12 total sessions of therapy for the injured worker's right foot and lumbar spine. The request of 12 sessions exceeds what is allowed per MTUS. Therefore this request is not medically necessary.