

<b>Case Number:</b>	CM15-0005334		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 68-year-old male who reported an injury on 07/08/2011. A prior request was made in 12/2014 for 8 additional physical therapy sessions twice weekly for 4 weeks for his lumbar spine. His injury occurred after picking up a bag of mortar. The injured worker is diagnosed with a lumbosacral strain, arthrosis and discopathy with stenosis. He had additional symptoms related to right hip arthrosis and compensatory strain of the left hip with arthrosis. He had previously been treated with physical therapy, lumbar injections, medications and H-wave stimulation between August and October of 2014. Total number of therapy sessions was stated as 12, with the injured worker having already been approved for additional sessions of physical therapy. By 11/19/2014, he had completed approximately 17 sessions of physical therapy, and was improving in strength and mobility of his low back, as well as gaining range of motion to his hips. The additional sessions were denied based on the guidelines having a maximum allowance of sessions for physical therapy with the injured worker already having completed over the maximum allowance with the indication that he could continue with a home exercise program. It was stated that his therapist believed he was not entirely ready for a home exercise program alone and was trying to avoid surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Concurrent 8 additional physical therapy sessions twice weekly for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the California MTUS Guidelines, with the injured worker having already completed approximately 17 sessions of physical therapy for his low back and hip complaints, the guidelines indicate that upon completion of a formal course of physical therapy, the injured worker should transition to a home exercise program. The injured worker should be well versed in continuing with home exercises at this time, with no exceptional factors having been identified on physical examination to warrant continued physical therapy. As such, the request is deemed not medically necessary and is non-certified.