

<b>Case Number:</b>	CM15-0013982		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Family Practice

### 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 31-year-old male who reported injury on 12/16/2013. The mechanism of injury was a slip and fall. The documentation indicated the injured worker had been approved for 6 sessions of physical therapy. There was a Request for Authorization submitted for review dated 01/08/2015. The diagnoses were noted to include musculoligamentous sprain thoracic spine, musculoligamentous sprain and strain lumbar spine, disc bulging lumbar spine, radiculopathy lumbar spine, and depression, anxiety, and insomnia. The documentation indicated the prescription was dated 12/22/2014. The most recent documentation was dated 01/06/2015. The documentation indicated that the injured worker did not have a home TENS unit. The injured worker had decreased range of motion of the lumbar spine and decreased strength in the left hip flexor and bilateral knees. The injured worker had a positive straight leg raise. The treatment plan and assessment indicated that as the injured worker presented with deficits in pain, mobility, strength, endurance, and function, land and pool therapy would be beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 Lumbar Spine, Left Hip:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for radiculitis and myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously been approved for therapy. There was a lack of documentation indicating objective functional benefit that was received and an objective decrease in pain, and there was a lack of documentation of objective functional deficits. The request for 12 sessions would be excessive. Given the above, the request for Physical Therapy 3 x 4 Lumbar Spine, Left Hip is not medically necessary.