

<b>Case Number:</b>	CM15-0023037		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/12/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 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 34-year-old female who reported an injury on 03/12/2000. The mechanism of injury was due to a fall. On 01/20/2015, she presented for a follow-up evaluation and reported symptoms that were mild to moderate and rated at 7/10. Physical examination of the thoracic spine showed range of motion with forward flexion to 60, extension to 0, rotation to the right and left to 30, lumbar forward flexion to 40, extension to 20, and side bending to the right and left to 20 degrees. She had a negative straight leg raise bilaterally and sensation was intact in the lower extremities bilaterally. She had an antalgic on both sides and was full weight bearing with no assistive devices. There was tenderness to the lumbar spine with moderately reduced range of motion. She was diagnosed with herniation of the lumbar intervertebral disc with radiculopathy and history of laminectomy. The treatment plan was for 12 sessions of physical therapy. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided does show that the injured worker had moderately reduced range of motion in the thoracolumbar spine. However, the number of sessions being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines and therefore, the request would not be supported. Also, the request fails to mention what body part physical therapy is being requested for. Therefore, the request is not supported. As such, the request is not medically necessary.