

<b>Case Number:</b>	CM15-0225402		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: North Carolina  
 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 45 year old male who sustained an industrial injury on 2-28-2014. A review of medical records indicates the injured worker is being treated for prior pelvic fracture of the symphysis pubis, internal derangement of the left hip, lumbar discopathy, and lumbar radiculitis. Medical records dated 9-22-2015 noted pain in the lower back. He had a hard time getting out of a seated position as well as prolonged standing. Pain was rated 7-8 out of 10. Physical examination noted tenderness and spasms of the lumbar spine. Range of motion was limited. Treatment has included Ketoprofen cream and Cyclobenzaprine since at least 5-6-2015. Utilization review form dated 10-30-2015 noncertified 6 physical therapy sessions, lumbar spine, left hip 2 x a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions, lumbar spine, left hip, 2 times a week for 3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.