

<b>Case Number:</b>	CM15-0073132		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, 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:

This is a 43-year-old female patient who sustained an industrial injury to the left shoulder and low back on 3/11/14. She sustained the injury while unloading a truck. Current diagnoses included left shoulder tendinitis, status post lumbar laminectomy and sacroiliitis. Per the PR-2 dated 4/21/15, she had complained of low back pain and discomfort. The physical examination revealed no tenderness, decreased lumbar range of motion and positive straight leg raising test bilaterally. Per the PR-2 dated 3/31/15, she had complained of ongoing discomfort and pain over the sacroiliac joint area. Physical examination revealed lumbar spine without tenderness to palpation, decreased range of motion and positive Faber and compression test in the left sacroiliac joint and positive Shear test in the right sacroiliac joint. The medications list includes Soma, Mobic and Ultram. She has had left shoulder MRI on 2/13/2015. She has undergone lumbar laminectomy on 9/3/2014. She has had chiropractic therapy and at least 9 physical therapy visits for this injury. She reported that her pain started after recent chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 weeks to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Request: Physical therapy 3x4 weeks to the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had at least 9 physical therapy visits for this injury. The exact number of total physical therapy visits since the date of injury is not specified in the records provided. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 3x4 weeks to the lumbar spine is not medically necessary.

**Physical therapy 3x4 weeks for the left ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Request: Physical therapy 3x4 weeks for the left ankle. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had at least 9 physical therapy visits for this injury. The exact number of total physical therapy visits since date of injury is not specified in the records provided. Detailed left ankle examination with significant functional deficits is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 3x4 weeks for the left ankle is not medically necessary.