

<b>Case Number:</b>	CM15-0076274		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 54 year old male, who sustained an industrial injury on 2/17/2009. Diagnoses have included lumbago and sciatica. Treatment to date has included physical therapy. A physical therapy progress note dated 2/24/2015 (visit number 11) documented that the injured worker had a long history of low back issues. He reported that his condition was significantly re-irritated in October when he was operating a fork lift and drove over a ditch. He complained of pain in his low back, the right side of his mid-back and his neck. He also complained of numbness in his left posterior knee. He complained of spasms mostly in his mid-back. Hypertonicity and muscle guarding were noted over the right greater than left thoracic paraspinals. It was noted that the injured worker had made good progress in his postural strength and symptoms. He was compliant with his home exercise program. According to the office note dated 3/19/2015, the injured worker underwent therapy and noticed 70% reduction in pain. The injured worker was noted to be making excellent progress until a recent injury at work. Authorization was requested for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 1xWk x 12Wks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Record review indicates the patient has completed at least 11 sessions with improved function. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further treatment beyond the sessions already rendered. Review of submitted had no progressive neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication to allow for additional therapy treatments beyond guidelines criteria in a patient that should be transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The Additional physical therapy, 1xWk x 12Wks for the lumbar spine is not medically necessary.