

<b>Case Number:</b>	CM15-0095507		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 46 year old female, who sustained an industrial injury on 01/25/2013. She reported that she was standing on the edge of a tub to remove the shower curtain and when she stepped down, she twisted her foot along with feeling a snap with immediate pain to the back. The injured worker was diagnosed as having lumbar spine disc bulging and radiculopathy, lumbar sprain/strain, thoracic/lumbosacral neuritis or radiculitis unspecified, and gastroesophageal reflux disease. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, and therapy with an unknown quantity. In an Doctor's First Report of Occupational Injury or Illness dated 03/31/2015 the treating physician reports complaints of mild, soft pain to the bilateral groin, mild, increased thoracic kyphosis, tenderness to the right lumbar paravertebral muscles, spinous processes, and bilateral sacroiliac joints, pain to the lumbar spine with tip-toe to heel walking or with an incomplete squat, and positive straight leg raise bilaterally. The treating physician also noted the right shoulder to be higher, a neck and head shift to the left, and a right antalgic gait. Documentation from 12/30/2014 noted that the injured worker had failed non-surgical treatment that included therapy but the documentation did not indicate the specific type of therapy or the specific effects of therapy with regards to functional improvement. The treating physician requested an additional six sessions of physical therapy to the lumbar spine, however the documentation provided did not indicate the specific reason for the requested therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 additional sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy.

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

**Decision rationale:** 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 progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 6 additional sessions is not medically necessary and appropriate.