

<b>Case Number:</b>	CM13-0050845		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/24/1995
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and midback pain reportedly associated with an industrial injury of July 24, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a morphine pump; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work with said permanent work restrictions in place. The applicant has also filed claims for derivative gastroesophageal reflux and psychological stress also reportedly associated with the industrial injury. In a Utilization Review Report of October 24, 2013, the claims administrator approved a follow-up visit and denied a request for additional physical therapy. The applicant's attorney subsequently appealed. In a clinical progress note of September 27, 2013, the applicant presents with chronic, longstanding reportedly severe knee, low back, and midback pain. There have been no recent changes since the last visit. The applicant's pain ranges from 3-10/10. He remains on Roxicodone, Zanaflex, Motrin, and Klonopin. The applicant is severely obese with a BMI of 38. He exhibits an antalgic gait with limited lumbar range of motion noted. The applicant is already permanent and stationary. Permanent work restrictions remain in place. In a subsequent progress note of October 8, 2013, the applicant undergoes reprogramming of the intrathecal morphine pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

**Decision rationale:** The applicant has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does state that there must be periodic demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no clear demonstration of functional improvement following completion of prior unspecified amounts of physical therapy. The applicant has failed to return to work. Permanent work restrictions remain in place, unchanged from visit to visit. The applicant remains highly reliant on various forms of medical treatment, including medications, an intrathecal pain pump, psychological counseling, psychotropic agents, etc. Pursuing further physical therapy despite an absence of functional improvement through prior physical therapy is not indicated. Therefore, the request is not certified.