

<b>Case Number:</b>	CM13-0053686		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Family Practice 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 patient is a 49-year-old male who reported an injury on 12/17/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with neuropathic pain in the right wrist, status post open reduction, internal fixation of the right wrist, status post right knee arthroscopy, status post left knee arthroscopy, status post bilateral shoulder surgery, low back pain, lumbar spine sprain/strain, bilateral knee internal derangement, and elevated liver function testing. The patient was seen by [REDACTED] on 11/26/2013. It is noted that the patient has completed 6 sessions of physical therapy for the right knee. The patient currently complains of low back pain with radiation to the right lower extremity as well as pain in the bilateral knees. Physical examination revealed bilateral lumbar paraspinous tenderness with 1+ palpable muscle spasm, decreased lumbar range of motion, 5/5 motor strength in the bilateral lower extremities, and hypoesthesia in the bilateral calves. Treatment recommendations included 12 physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient's physical examination of the lumbar spine revealed painful range of motion with tenderness to palpation and 1+ palpable muscle spasm. The current request for 12 sessions of physical therapy for the lumbar spine exceeds guideline recommendations for a total duration of treatment. As such, the request cannot be determined as medically appropriate. Therefore, the request is non-certified.