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| <b>Case Number:</b>   | CM13-0055824 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/07/2013 |
| <b>Decision Date:</b> | 05/15/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 60-year-old female who reported an injury on 03/07/2013. The mechanism of injury was not provided in the medical records. The injured worker reported low back pain rated 6/10 with increasing right greater than left lower extremity symptoms, weakness, and instability. The injured worker was also noted to have bilateral knee pain rated at 5/10. Examination of range of motion the lumbar spine revealed flexion was 60 degrees, extension was 50 degrees, left and right lateral tilt were 50 degrees, and left rotation was 40 degrees. Lower extremity neurologic evaluation revealed right inversion 4+/5, right EHL 4+/5, and right eversion 4+/5. The injured worker was diagnosed with pain in joint, lower leg. Past medical treatment included physical therapy, TENS unit, home exercises, and oral medications. Diagnostic studies included an MRI of the right knee on 10/05/2013. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3XWEEK X4 WEEKS LUMBAR SPINE:** 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:** According to the California MTUS Guidelines, physical therapy allows for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine and the condition of myalgia and myositis, unspecified at 9 to 10 visits and neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits. The most recent clinical note indicated the injured worker had decreased range of motion to the lumbar spine, spasm, and a positive straight leg raise test on the right. However, the documentation submitted also indicated the injured worker has had previous physical therapy. In the absence of details regarding previous physical therapy treatment, such as the number of visits completed, duration of treatment, and measurable objective functional gains made throughout the course of physical therapy, the request for additional therapy is not supported. Additionally, the request for 12 sessions of physical therapy would exceed the guideline recommendations. Given the above, the request for physical therapy 3 x Week x 4 Weeks to the lumbar spine is non-certified