

<b>Case Number:</b>	CM14-0009268		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/21/2000
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 62-year-old female who reported an injury on 03/21/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 04/02/2014 indicated that the injured worker reported intense pain to the lumbar spine. She reported pain in the left knee as well, but not as painful as the right knee. On the physical examination, the injured worker had tenderness to the bilateral knees. The injured worker rated her pain 5/10. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The provider submitted a request for physical therapy of the lumbar spine. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for The Lumbar Spine 3 Times per Week for 4 Weeks as an Outpatient:** 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 chapter Page(s): 98.

**Decision rationale:** The request for 12 physical therapy visits for the lumbar spine 3 times per week for 4 weeks as an outpatient is not medically necessary. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation submitted indicates a request for physical therapy for the lumbar spine; however, in the clinical note, it is indicated for aquatic therapy. Clarification is needed. In addition, it was indicated in the documentation that the injured worker had prior courses of physical therapy. There is a lack of documentation of the amount of sessions of physical therapy as well as the efficacy of the prior therapy. Moreover, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request for physical therapy is not medically necessary.