

<b>Case Number:</b>	CM14-0011400		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 and Pain 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 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 patient is a 73 year old female with chronic low back pain. She complains of difficulty with her activities of daily living. Examination reveals difficulty changing position and getting onto the exam table. There is tenderness in the lumbar paraspinous region. The motion is restricted and does cause painful symptoms. On the left side, her range of motion is flexion 45, and extension 10. There is guarding in motion as well as muscle spasm. Gait is antalgic. The attending provider has also stated that the patient is deconditioned. Diagnoses include status post multilevel lumbar fusion, spinal stenosis, complete tear of post horn of medial meniscus of the right knee, and status post left total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X6 FOR LUMBAR SPINE AND BILATERAL KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** As per the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. Furthermore, physical therapy is used to reduce swelling and decrease pain. Continued therapy is indicated when there is evidence of improvement in the objective measurements, i.e. pain level, strength, and range of motion. The records indicate that the patient has received physical therapy for her chronic low back pain in the past, but there is no documentation of any improvement in the objective measurements. Nonetheless, the patient should have been transitioned to home exercise program by now. As such, the request is not medically necessary.