

<b>Case Number:</b>	CM14-0014883		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 is licensed to practice in Texas. 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 male whose date of injury is 03/25/2011. The mechanism of injury is described as a slip and fall. Progress report dated 02/03/14 indicates that the injured worker complains of low back and bilateral knee pain. He is wearing bilateral knee braces. He is using a TENS unit. Assessment is lumbosacral spondylosis without myelopathy. The injured worker understands his home exercise program. He was recommended for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 4 WKS FOR THE BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 2 x wk x 4 wks for the back is not recommended as medically necessary. It appears that the injured worker has completed at least 28 physical therapy visits to date; however, his objective, functional response to treatment is not documented. There is no current, detailed physical

examination submitted for review and no specific, time-limited treatment goals were provided. California MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.