

<b>Case Number:</b>	CM14-0120102		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 57 year old female with a date of injury on 7/14/2011. Subjective complaints are of right hip, low back, knee, and right and left foot pain. Physical exam showed decreased lumbar range of motion, positive straight leg raise of the left, and lower extremity weakness of 4/5. X-ray evaluation showed degenerative joint disease and facet arthroplasty at L5-S1. Submitted records indicate that the patient has had previous physical therapy for multiple body parts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 6 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, PHYSICAL MEDICINE

**Decision rationale:** The ODG and CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends 9 visits over 8 weeks for low back pain. Submitted records identify prior physical therapy but do not identify the quantity. Documentation is not present that indicates

specific deficits for which additional formal therapy may be beneficial at this point in the patient's treatment. Therefore, the request for 6 additional physical therapy sessions is not medically necessary at this time.

**Additional physical x 6 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, PHYSICAL THERAPY

**Decision rationale:** The ODG and CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends 9 visits over 8 weeks for knee pain. Submitted records identify prior physical therapy but do not identify the quantity. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the patient's treatment. Therefore, the request for 6 additional physical therapy sessions is not medically necessary at this time.