

<b>Case Number:</b>	CM14-0127629		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 injured worker is a 33-year-old male who was reportedly injured on 12/15/2012. The mechanism of injury is noted as a fall injuring the left knee and low back. The injured worker had a lumbar epidural steroid injection on 06/16/2014. He had 12 sessions of physical therapy, with the last session dated 06/27/2014. Pain is rated as 0/10, and the injured worker can stand and walk alone for an hour, per the last therapy note. The last progress report, dated 06/26/2014, noted improvement with lumbar tenderness and an ongoing L4 radiculopathy. A request was made for physical therapy treatment and was not certified on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment:** 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 Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Low back

**Decision rationale:** According to the California MTUS guidelines, physical medicine 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. Regarding physical therapy (PT), the guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy and 10 visits over 8 weeks for lumbar sprains/strains, for lumbago/backache, and also for chronic knee pain. Guidelines also allow for 9 visits over 8 weeks for knee arthritis/pain and, for derangement of meniscus, 12 visits over 12 weeks. Guidelines indicate the treatment plan should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker had 12 PT visits and is noted to have had significant improvement in pain level. There is no evidence of an acute or new injury with significant findings on examination to warrant any additional treatments. Additionally, this request for physiotherapy would exceed the amount recommended by guidelines. Furthermore, there is no mention of the patient utilizing an HEP (home exercise program). At this juncture, this patient should be well-versed in an independently-applied HEP with which to address any residual complaints and maintain functional levels. Therefore, the request is considered not medically necessary or appropriate.