

<b>Case Number:</b>	CM14-0139973		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 06/11/2014. The mechanism of injury was lifting a water heater. The injured worker's diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculitis. The injured worker's past treatments included medications and a home exercise program. The injured worker's diagnostic testing included an official MRI of the lumbar spine on 06/12/2014 which revealed mild to moderate degenerative disc disease at L3-4, L4-5, and L5-S1; and an official MRI on 07/28/2014 of the left knee which indicated complete rupture of the ACL (anterior cruciate ligament), medial meniscus posterior horn and body complex tears, lateral meniscus posterior horn radial tear with probable displaced fragment just above the lateral tibial spine, posterior cruciate ligament mucoid degeneration, likely associated high grade sprain, scattered areas of the tricompartmental joint space, and chondromalacia. The injured worker's surgical history was not provided. On the clinical note dated 06/27/2014, the injured worker complained of low back pain rated 5/10 to 10pv that radiated to both lower extremities. The injured worker had range of motion to the lumbar spine with flexion at 40 degrees and extension at 25 degrees. The injured worker had negative straight leg raising tests. The injured worker's medications included Tylenol as needed, LidoPro, tramadol 50 mg, and Flexeril 7.5 mg. The request was for postoperative physical therapy 3 times 6. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative (18) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE, Page(s): 98-99.

**Decision rationale:** The request for postoperative physical therapy 3 times 6 is not medically necessary. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculitis. The injured worker complained of low back pain rated 5/10 to 10/10. The California MTUS Guidelines state 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. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. The request is for postoperative physical therapy; however, the rationale and the procedure were not provided within the medical records. There was a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of visits and the efficacy of any prior therapy. As such, the request for Post-operative (18) physical therapy sessions is not medically necessary and appropriate.