

<b>Case Number:</b>	CM14-0142002		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 58 year old female who was injured on 08/04/2008. The mechanism of injury is unknown. Prior treatment history has included Cymbalta, levothyroxine, Gabapentin, lisinopril, metformin, hydrochlorothiazide, Norco, Prilosec, multivitamin, and Soma. The patient underwent right knee arthroscopy in 10/2008 and right knee arthroscopy in 07/2009; and right total knee replacement in 11/06/2009. Ortho evaluation dated 08/15/2014 documented the patient to have complaints of low back pain and left knee pain with radiation to her left buttock and left leg. She reported Norco does not help with her pain but Percocet is more effective. It is noted that the patient had a physical therapy evaluation but no documentation of its outcome. On examination of the lumbar spine, the patient walks with a limp on the left and complains of back pain radiating down the left leg to her foot. She complained of electrical sensations that radiates down her foot. She has diminished sensation over the lateral aspect of the left thigh, calf and left foot. She can forward bend to 40 degrees. The patient is diagnosed with flare up of lower back condition and low back pain secondary to altered gait. The patient was recommended for 6 sessions of physical therapy for the lumbar spine. Prior utilization review dated 09/02/2014 states the request for Physical therapy twice a week for six weeks for the lumbar spine is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy

**Decision rationale:** This case involves requests for an MRI examination (approved), Pain Management Consultation (approved), and 12 sessions of physical therapy. The documentation in this case fails to provide a clinical justification for why physical therapy treatment is medically necessary during the time that the patient is undergoing diagnostic evaluation and treatment evaluation as noted above. The requested PT work has no justification if the MRI studies and the Pain Management consultant feel that an alternate course of treatment is indicated. Also of note is the fact that the patient has already had a course of PT as noted in the records of July 2014. In those records, the patient is described as having facet arthropathy. The Official Disability Guidelines indicate that transition to active therapies and self management should be the goal of therapy intervention, and this criteria is also not been met in this case. Therefore, based on the fact that the patient is due to undergo an MRI examination and Pain Management consultation, has had therapy in the past, and has no documentation that active treatment with progression to home activities and the failure to meet the recommendations of the ODG, the request is not medically necessary.