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| <b>Case Number:</b>   | CM14-0151320 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 01/04/2010 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 09/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2014 |

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of January 4, 2010. A utilization review determination dated September 4, 2014 recommends modified certification of physical therapy for the lumbar spine, 12 sessions were requested and 6 were recommended for certification. Modified certification was recommended since the patient has not undergone physical therapy previously and a trial of 6 visits would be supported by guidelines. A progress report dated July 15, 2014 identifies subjective complaints of right knee pain, right foot pain, and right ankle pain. Objective examination findings reveal swelling in the right knee with painful right knee range of motion, 4+/5 quadriceps strength in the right lower extremity, positive calf muscle spasm, and ambulation with a single point cane. Diagnoses include sprain/strain of the right foot and ankle, sprain/strain of the right knee, and chondromalacia patella of the right knee. The treatment plan recommends medications and a course of physiotherapy. A progress report dated August 21, 2014 identifies subjective complaints of low back pain and right ankle pain. The patient has difficulty with prolonged standing, sitting, or repetitive bending and stooping. Physical examination findings reveal loss of lumbar lordosis with tenderness to palpation. Diagnoses include musculoligamentous strain of the lumbar spine. The treatment plan recommends 12 sessions of physical therapy for the lumbar spine and states that the patient has not had any therapy previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6 visit trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 10 visits for the treatment of lumbar spine sprains. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by ODG as a trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for twelve (12) physical therapy sessions for the lumbar spine is not medically necessary and appropriate.