

<b>Case Number:</b>	CM14-0163569		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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:

There were 29 pages provided for this review. The application for independent medical review was signed on October 1, 2014. It was for physical therapy three times a week for four weeks for the low back. There was a peer review from September 4, 2014. Per the records provided, the claimant is a 48-year-old man. As of August 27, 2014, the low back showed decreased range of motion. The x-rays of the lumbar spine noted right greater than left pain. The diagnoses were lumbar degenerative disc disease for the low back. The date of injury was March 12, 2014. There is no documentation of this patient had physical therapy in the past and if there was any functional improvement. There was an orthopedic note from March 10, 2010. He has resumed his regular work duties although he has persistent symptoms. He has right shoulder symptoms which are intermittent. There is constant lumbar and bilateral hip and right knee and left knee symptoms. The diagnoses were right shoulder strain, lumbar spine annular tears, right L4 and bilateral L5 radiculopathy, right hip status post total hip arthroplasty, left knee osteoarthritis, left total knee arthroplasty and right knee chondromalacia patella. The maximal medical improvement doctor noted the patient had received adequate and appropriate treatment. There is mention of trials of injections of the right knee. A knee strap was also tried.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, 3 times a week for 4 weeks, QTY: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one 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. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.