

<b>Case Number:</b>	CM14-0164663		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/22/1992
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

The injured worker is an 81 year old female with a date of injury on 7/22/1992. The exact mechanism of the injury was not specified. She was diagnosed with status post L2-L5 laminectomy and spinal fusion with instrumentation and status post right total hip arthroplasty. In a progress report dated September 15, 2014, it was indicated that she has completed six or seven of the authorized physical therapy when she was hospitalized for pneumonia from 7/27/14 to 8/8/14. It was also indicated that she wanted to resume her physical therapy sessions which has expired. She complained of low back weakness which was initially improved with her physical therapy until her recent hospitalization. On examination of the lumbar spine, ranges of motion were moderately decreased but pain less. Her gait was slow and she assumed a forward flexed position. She ambulated with the aid of a cane. Authorization to resume physical therapy twice a week for six weeks was requested. A refill of Norco was dispensed. This is a review of the requested physical therapy two times a week for six weeks to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy 2 times a week for 6 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The medical records indicated that the injured worker has undergone prior physical therapy sessions; however, it did not indicate the number of sessions and the response to the program. Hence, the efficacy of the previous sessions cannot be determined except for her claim that it did provide her benefits. There were no documentation of decreased pain, increased range of motion and/or increased of ability to perform activities of daily living. There was also no clear objective documentation of musculoskeletal deficits that would warrant physical therapy in her recent progress notes except for moderately limited range of motion of the lumbar spine. Also, there is no compelling evidence that home exercise program is not beneficial which can substantiate the need for supervised physical therapy. Hence, the medical necessity of the requested physical therapy sessions for two times a week for six weeks is not established.