

<b>Case Number:</b>	CM14-0168234		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/22/1992
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 22, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; earlier lumbar laminectomy and fusion surgery in 2011; subsequent total hip arthroplasty surgery in 2013; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator stated that the applicant had had at least 28 sessions of physical therapy over the course of the claim. The applicant's attorney subsequently appealed. In a progress note dated October 3, 2014, the applicant reported persistent complaints of left knee pain. The applicant was having difficulty performing activities of daily living, including those as basic as standing and walking. It was stated that the applicant had failed physical therapy, injection therapy, and a cane. The applicant was described as having end-stage knee arthritis. It was stated that the applicant should pursue a total knee arthroplasty. In an earlier note dated September 15, 2014, the applicant was asked to pursue 12 sessions of physical therapy and continue to perform exercise in the interim. The applicant was permanent and stationary and ambulating about with a slow and stiff gait. The applicant had apparently been hospitalized for pneumonia, six weeks prior, it was acknowledged. It was stated that the applicant had completed six to seven sessions following her hospitalization for pneumonia. Both Norco and permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two (2) times a week for six (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 topic Page(s): 99, 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for further treatment in excess of the MTUS parameters was proffered by the attending provider. It was further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite 28 prior sessions of physical therapy over the course of the claim. Therefore, the request is not medically necessary.