

<b>Case Number:</b>	CM14-0174622		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

This patient is a 40 y/o male who has developed persistent pain subsequent to a slip and fall on 9/27/13. He is described to have cervical, low back and knee pain from contusions and strains. MRI of the low back showed no acute or degenerative changes, MRI of the neck revealed a pre-existing springlomyelia at C6-7 and MRI of the knee showed patellar and medial condylar chondral lesions. In Dec. '13 it is documented that he completed 6 sessions of physical therapy with little change in his condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy reevaluation right knee, cervical spine, and lumbar spine.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. Page 127.

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

**Decision rationale:** MTUS Guidelines support up to 9-10 sessions of physical therapy as being adequate for most chronic soft tissue injuries and it is documented that this patient has completed at least 6 sessions of therapy without much benefit and prior therapy presumes a prior formal

evaluation. A few more sessions may be reasonable in an attempt to develop a HEP program, but a full additional 9 sessions and a new therapy evaluation is not supported in the Guidelines and the physician does not justify a need for another therapy evaluation. The request for a formal physical therapy evaluation is not medically necessary, as he has already had a formal evaluation.

**additional physical therapy 3 x 3 right knee, cervical spine and lumbar spine.:** Upheld

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

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

**Decision rationale:** MTUS Guidelines support up to 9-10 sessions of physical therapy as being adequate for most chronic soft tissue injuries and it is documented that this patient has completed at least 6 sessions of therapy without much benefit. A few more sessions may be reasonable in an attempt to develop a HEP program, but a full additional 9 sessions is not Guideline supported and is not medically necessary.