

<b>Case Number:</b>	CM14-0179458		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 patient is a 54-year-old male who sustained a work related injury on 8/31/1999. The nature of the injury is described as repetitive work related injuries occurring from 1990 to 1999 per a pain management consultation note that was provided in the medical records. The consultation note is dated 1/31/2014, and states that the patient has not returned to work since his injuries. Following the injuries he under went testing with various imaging studies, including X-rays, MRI's, and EMG studies. He underwent low back surgery on 7/18/2000. Diagnoses include: Lumbar radiculopathy, Lumbar pars defect, cervical facet arthropathy, left shoulder rotator cuff tear possibly, and right knee arthropathy. He has been seen by pain management and has received treatment with such medications as muscle relaxants and narcotics. This patient recently saw a physician on 10/1/2014 that prescribed 6 physical therapy treatments. Documentation is rather poor in that the patient's current functional limitations are not discussed, and neither are what goals this patient's physical therapy hopes to accomplish. There is documentation that the utilization review physician discussed this patient's case with the requesting/prescribing physician who stated that she had not seen the patient since 7/18/14 prior to a 10/1/2014 visit where she requested the disputed 6 physical therapy treatments. Likewise, the utilization reviewer only partially certified the request, allowing for 4 physical therapy sessions instead of the requested 6. An independent medical exam has now been requested regarding the medical necessity of six physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial physical therapy x 6 weeks, bilateral knees, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133, 48-49.

**Decision rationale:** The MTUS Guidelines on physical medicine state, "Manipulative therapy on appropriately selected patients may be effective in aiding recovery, as opposed to providing merely short-term comfort, only in patients with low back pain for defined periods of time (less than 4 weeks' duration)." The guidelines go on to state that, "The value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance." In this patient's case, the prescribing physician requested 6 physical therapy sessions without any further specifics regarding how many sessions should be administered per week. No documentation was provided as to what the patient's current functional limitations are or of what goals this patient's physical therapy hopes to accomplish. Likewise, this request for physical therapy is not medically necessary.