

<b>Case Number:</b>	CM14-0030102		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old female with a date of injury of 11/09/2010. The listed diagnoses per [REDACTED] are: 1. Degenerative disk disease, lumbar spine. 2. Left sciatica. 3. Chondromalacia, left patella. 4. Left patellofemoral malalignment. According to progress report 01/22/2014, the patient presents with low back, left hip, left knee, and left leg pain. The patient has had initial workup involving the left hip including an MRI that showed no evidence of labral tear. She does have persistent pain in the posterolateral aspect of the left hip, low back, and down the left leg. Patient has a prior history of back injury in 2002-2003 with x-rays "at times showing degenerative disk disease at the L5 to S1 level." The treater is recommending Norco 10 mg, Ultram 50 mg, and additional 15 physical therapy/aquatic therapy sessions "which has proofed quite beneficial in the past at decreasing the need for narcotics and improving quality of activities of daily living." Utilization review denied the request on 02/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy / Aquatic Therapy three times a week for five weeks to the low back:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98-99.

**Decision rationale:** This patient presents with low back, left hip, left knee, and left leg pain. On 01/22/2014, [REDACTED] recommended physical therapy/aquatic therapy 3 times a week for 5 weeks for the low back. For physical medicine, the MTUS Guidelines page 99 recommends for myalgia-, myositis-type symptoms 9 to 10 visits over 8 weeks. The treatment history does include trigger point injections, acupuncture, hip injections and physical therapy. However, the medical file provided for review does not include any physical therapy reports and it is not clear when the patient received prior physical therapy treatments. Given the patient's continued complaints, a short course of therapy may be warranted. However, the treater's request for additional 15 sessions exceeds what is recommended by MTUS. The request is not medically necessary.