

<b>Case Number:</b>	CM14-0032716		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Med & Rehab 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 a 33-year-old male who sustained a work related injury on 5/22/12 because of falling off a lettuce-cutting machine. He injured his knees and low back. Per documentation, the injured worker had undergone chiropractic care in the past as well as received medication for the control of his pain. The injured worker was assessed by the treating physician on 1/14/14. He was noted to have received 24 chiropractic sessions without improvement. A magnetic resonance imaging scan of the lumbar spine showed a disc protrusion at L4-5 as well as a grade I spondylolisthesis at L5-S1. Examination of the knees was positive for effusion, crepitus, and positive McMurray sign. A magnetic resonance imaging scan of the knees showed meniscal tear and degenerative changes. Impression included lumbago, intermittent right leg radiculopathy, bilateral chondromalacia patella, meniscal tears, and knee pain. The recommendation was for bilateral knee joint injections and 12 sessions of physical therapy for the lower back. Evaluation by primary treating physician dated 9/26/13 showed that the injured worker had slightly restricted lumbar spine range of motion and diagnosis of lumbosacral sprain/strain. Another evaluation dated 2/26/14 indicated that the injured worker continued to have low back pain and that chiropractic care did not involve therapeutic exercise and establishment of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions lumbar spine:** Overturned

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

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

**Decision rationale:** The injured worker continues to have persistent low back pain with findings of lumbar degenerative disc disease and spondylolisthesis. A request for 12 sessions of physical therapy for the lumbar spine was requested to address these conditions as well as diagnoses of lumbar spine sprain/strain. Physical therapy, including the use of therapeutic exercise and establishment of a home exercise program, would be indicated and medically necessary. The previous denial was because the documentation indicated that injured worker had failed to improve with 24 sessions of chiropractic care. Additional documentation indicates that the injured worker has not received formal physical therapy along with his chiropractic care and therefore, this request is medically necessary.