

<b>Case Number:</b>	CM14-0038868		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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 40 year old with an injury date on 12/15/11. Based on the 3/8/14 QME by [REDACTED] the diagnoses are: 1. Cervical myositis fixed and stable related on a more probable than not basis to his industrial injury, 12/15/2011. 2. Low back pain, rule out L3-L4 left disc with radiculitis related on a more probable than not basis to his industrial injury, 12/15/2011. 3. Right knee pain, status post arthroscopy on 03/03/2013 related on a more probable than not basis to his industrial basis, 12/15/2011, fixed and stable. Exam on 3/8/14 showed patient walks free of antalgic gait. L-spine: Lumbar paraspinals are tender to palpation. There is spasm and guarding. Lumbar range of motion is limited: flexion 120 degrees, extension 30 degrees, bending is 40 degrees to the right, and 25 degrees with pain to the left. Straight leg raise test is negative bilaterally. [REDACTED] is requesting additional physical therapy 3x4 for the lumbar spine. The utilization review determination being challenged is dated 3/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/22/13 to 3/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** This injured worker presents with constant back pain with intermittent radicular pain down posterior left thigh, and right knee pain with intermittent clicking about anteromedial knee and is s/p right knee surgery from 3/12/13. On 7/12/13, the injured worker experienced paralysis/numbness following certain maneuvers in physical therapy according to a 7/25/13 report. The treating provider has asked for additional physical therapy 3x4 for the lumbar spine but the request for authorization was not included in provided reports. The injured worker has undergone physical therapy of unspecified number of sessions as recently as 12/10/13 according to QME dated 3/8/14. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of functional improvement from prior physical therapy. Based on the injured worker's complaints of temporary paralysis from therapy treatments, it does not appear that therapy has been very helpful. It is not clear why the treating provider continues to ask for additional therapy. In addition, the requested 12 additional physical therapy sessions exceeds MTUS guidelines for this type of condition. Recommendation is for denial as the request is not medically necessary.