

<b>Case Number:</b>	CM14-0041418		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 40 year old female whose date of injury is 01/01/2013. The mechanism of injury is described as a slip and fall. The injured worker was authorized for 12 physical therapy visits on 02/07/14 for the lumbar spine and bilateral knees. Note dated 02/25/14 indicates that the injured worker reports temporary benefit with physical therapy. Diagnoses are cervical spine sprain and strain, lumbar spine sprain and strain, 5 mm disc extrusion at L1-2, clinical lumbosacral radiculopathy, bilateral knee sprain and strain, right knee mild tricompartmental chondromalacia, rule out internal derangement left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy two times per week for six weeks to cervical, lumbar spine and bilateral knees.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines (lumbar).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the injured worker has completed at least 12 sessions of physical therapy to date. The current request is excessive as California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. The request is not medically necessary.