

<b>Case Number:</b>	CM14-0041963		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 2/1/07. The records include notes from 2012 and 2013. The worker was seen by his primary treating physician on 12/13/13 and records were reviewed. His right knee pain was said to have improved considerably with the Synvisc injections. The records review included records from 2009 to 2011. His diagnoses included lumbar strain with L5-S1 spondylosis, status post bilateral knee arthroscopies, and medial compartment osteoarthritis of the knees. There is no physical exam documented. He has received physical therapy in past years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 8 for the lumbar spine (low back):** 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 Page(s): 98-99.

**Decision rationale:** In this injured worker, physical therapy has already been used in the past as a modality and a self-directed home exercise program should be in place. Additionally, the available records do not document a physical exam or recent medical course / symptoms to

justify the medical necessity for 16 physical therapy visits for the low back in this individual with chronic pain.