

<b>Case Number:</b>	CM14-0058860		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 and is licensed to practice in 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 55 year-old female who was reportedly injured on 1/1/2012. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 3/25/2014. Indicates that there are ongoing complaints of low back pain, and bilateral knee pain. The physical examination demonstrated right knee: no swelling no tenderness to palpation range of motion 0-120, muscle strength 5/5. Left knee: positive crepitus positive tenderness with compression, muscle strength 5/5 range of motion 0-120. Last exam of the lumbar spine dated 3/19/2014 reveals normal gait, positive tenderness L4-L5 bilaterally, decreased sensation to light touch left lower leg at L5-S1 dermatome. Diagnostic imaging studies include an MRI of the lumbar spine dated 12/12/2013 which reveals L3-4 disc bulge, mild disc space narrowing, mild disc desiccation and minimal anterior spurring. 4-5 mild disc space narrowing, mild disc desiccation, mild anterior spurring. L5-S-1 no significant disc bulge herniation, disc height is normal. Previous treatment includes medication and conservative treatment. A request was made for physical therapy of the lumbar spine 3 X a week for 6 weeks #18 and was not certified in the pre-authorization process on 4/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times week for 6 weeks, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Low Back Complaints)Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has low back and bilateral knee pain and review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy sessions. The treating physician has requested 18 sessions of physical therapy which exceeds guideline recommendations. In the absence of clinical documentation to support additional visits, this request is not medically necessary.