

<b>Case Number:</b>	CM14-0076104		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 54 year old female employee with date of injury of 2/6/2012. A review of the medical records indicates that the patient is undergoing treatment for lumbar-disc bulges, spondylosis, and degenerative disc disease. She is status-post left knee medial meniscus repair (1/11/2014) UR from previous case mentioned pain in the cervical and lumbosacral spine; reduction of ROM of the cervical and lumbosacral spine in all planes. Subjective complaints include pain in the right knee, low back, and neck. Patient reports that she is slightly improved with medication, physiotherapy and chiropractic care. Objective findings include tenderness to palpation over the joint; distraction test is positive for joint pain; McMurray's and Apley's test are positive on the right; she has patellar tracking and retro patellar crepitus bilaterally. Treatment has included multiple sessions for physical therapy, chiropractor, acupuncture (dates of sessions were not provided in the medical reports nor were results of the treatment in terms of improved pain.) The utilization review dated 4/24/2014 found the request for Physical Therapy two (2) times a week for four (4) weeks for the Low Back not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for four (4) weeks for the Low Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Official Disability Guidelines quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Official Disability Guidelines further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical files did not detail physical therapy in regards to the number of sessions, dates of sessions, or effects that the sessions had on the patient. In addition, the patient has also had chiropractic therapy and acupuncture but the treating physician did not provide details of these therapy modalities. As such, the request Physical Therapy two (2) times a week for four (4) weeks for the Low Back is not medically necessary.