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| <b>Case Number:</b>   | CM14-0187500 |                              |            |
| <b>Date Assigned:</b> | 11/17/2014   | <b>Date of Injury:</b>       | 08/12/2007 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 male of unknown age with dates of injury including 11/28/2005, 08/12/2007, and 06/17/2009. The mechanisms of injury were not included. His diagnoses included low back pain, chronic left knee pain, chronic right knee pain, and right hip pain. His treatments have included physical therapy, aquatic therapy, and Synvisc injections in 02/2011. His diagnostic studies have included an MRI to the right hip, electrodiagnostic studies on 11/20/2009, and x-rays of the low back which indicated severe degeneration of L5-S1. His surgical history included a left knee replacement on 04/01/2013 and a right knee total knee replacement on 08/13/2013. The clinical progress note dated 10/15/2014 indicates the injured worker has ongoing back and hip pain. Physical examination findings on 10/15/2014 indicated no significant change. His medications included Norco 10/325 mg and Colace 100 mg. The treatment plan included pain medication, requesting physical therapy, and return to the clinic in 2 weeks. The rationale for the request is not included and the Request for Authorization Form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 sessions to the lumbar spine, pelvic and thigh:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Hip & Pelvis Procedure Summary and Low Back Procedure Summary

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

**Decision rationale:** The request for physical therapy 6 sessions to the lumbar spine, pelvic and thigh is not medically necessary. The California MTUS Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the therapy process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines state that the physical medicine guidelines include allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommendation is 9 to 10 visits for myalgia and myositis. The documentation submitted for review does not include information regarding previous physical therapy for the same body part or condition, including how many visits, and if there were any objective functional improvements. There is a lack of documentation regarding current functional deficits in regards to decreased range of motion and motor strength. There were no exceptional factors to justify any additional supervised visit over participation in a home exercise program. Therefore, the request is not medically necessary.