Case Number:	CM14-0197977		
Date Assigned:	12/08/2014	**Date of Injury:**	05/23/2013
Decision Date:	01/21/2015	**UR Denial Date:**	11/19/2014
Priority:	Standard	**Application Received:**	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49 year old injured worker (IW) has a back injury incurred 05/23/2013 in the course of his work. . According to an initial orthopedic consultation of 06/13/2014, the mechanism of the injury was lifting. The IW reported the injury but continued working and IW was seen later at an outlying hospital where he had x-rays and was given an oral muscle relaxant. The IW had no history of prior injuries. In this exam he was noted to have low back and knee pain and walked with an antalgic gait. Examination noted left knee quadriceps weakness, patellofemoral crepitation and effusion. Mc Murray, Lachman and Apley's tests were negative. There was hypesthesias noted at the L5 and S1 dermatome on the right lower extremity and hypesthesias at the L4 and S1 dermatome. Straight leg raise was positive in the sitting position at 30 degrees and in the supine position at 15 degrees. Diagnoses included chronic lumbosacral sprain and strain with lumbar radiculopathy and left knee internal derangement, possible Meniscal tear. It was noted that physical therapy was not helping the knee and arthroscopic surgery was recommended. Physical therapy to the lumbar spine was recommended to be continued and it was recommended the IW be seen by a spine surgeon. Medications as of 08/01/2014 were Flexeril 7.5 mg twice daily and Norco 10/325 tabs prn pain. On 08/04/2014, an electrodiagnostic study revealed evidence of mild acute L5 radiculopathy on the right. In the PR2 of 10/10/2014, the Norco was continued and objective findings were muscle spasm positive on left and right and restricted range of motion. On 11/07/2014, a request for authorization (RFA) was submitted requesting Fexmid 7.5 mg #60, a consultation with pain management, and physical therapy for the lumbar spine, knee 2x4 weeks. The PR2 of 11/07/2014 gave subjective complaints as severe lower back pain going into the leg, and knee pain. Objective findings were restricted range of motion and weakness. Diagnoses given were sprain and strain of lumbosacral and internal derangement of a joint. There is no history submitted of chiropractic care, steroid injections or

acupuncture. The Utilization Review (UR) letter of 11/18/2014 denied the requested 8 sessions of physical therapy 2 times a week for 4 weeks for lumbar spine pain. This decision was based on review of records that noted the IW has already attended 12 sessions of physical therapy with minimal gains, and cited the evidence based guidelines of CA-MTUS (California Medical Treatment Utilization Schedule) guidelines chronic pain, physical medicine. Physical therapy for chronic pain is not supported. A request for independent medical review was submitted 11/28/2014 for the therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below; passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).In this case, the patient had minimum gain from previous physical therapy sessions (the patient had 12 sessions of physical therapy). There is no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, physical therapy of the lumbar spine is not medically necessary.