

<b>Case Number:</b>	CM14-0208262		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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's diagnoses include low back pain, lumbar sprain, lower extremity radiculitis, lumbar degenerative disc disease, and right foot osteoarthritis. On 07/29/2014, the patient was seen in primary treating physician followup with low back pain as well as right knee pain and right foot pain. On exam, the patient was in no acute distress and had palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. The patient had tenderness over the medial and lateral joint lines and also had patellofemoral pain as well. The patient reported that medications offered temporary pain relief, although her symptoms persisted. The treatment plan included continued chiropractic treatment and acupuncture as well as multiple topical and compounded pain medications. A series of chiropractic physician notes, beginning 09/08/2014, indicate that the patient had undergone extensive treatment to the low back including physical therapy, manipulative therapy, acupuncture, and injections and continued to have ongoing pain. Subsequently the patient was treated with a series of extracorporeal shockwave therapy treatments, accompanied by physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine and right knee and foot, eighteen sessions:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, anticipates transition to an independent, active home rehabilitation program. The records do not provide a rationale instead for additional supervised therapy at this time. Concurrent with the request for physical therapy there has been a request for extracorporeal shock wave therapy. That request has been deemed to be not medically necessary. For similar reasons as well as the expectation of transition to independent home rehabilitation, the current request for physical therapy is not medically necessary.