

<b>Case Number:</b>	CM14-0208574		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral knee, and hip pain reportedly associated with an industrial injury of September 19, 2008. In a Utilization Review Report dated November 24, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy for the low back and bilateral knees as eight sessions of treatment. The claims administrator suggested that the applicant was working on a part-time basis. The claims administrator referenced a September 25, 2014 progress note in its determination. In a January 2, 2015 progress note, the applicant was reportedly unchanged owing to ongoing complaints of low back, knee, and hip pain. The applicant was working part-time, it was stated in one section of the note. Lunesta, tramadol, Naprosyn, and Protonix were endorsed. The applicant was given a 20-pound lifting limitation. Twelve sessions of physical therapy were again endorsed. On June 26, 2014, the applicant was apparently using a cane to move about. The applicant was described as not working and not receiving any income at this point in time, it was stated. The applicant was doing minimal chores around the home. The applicant was depressed and anxious. 8/10 pain was noted. The applicant was using tramadol and topical Terocin. Multiple medications were refilled on this occasion. On August 25, 2014, the applicant reported persistent complaints of low back pain. The applicant was only doing limited chores secondary to pain. The applicant was presently not working, it was acknowledged, but had apparently received an offer to go back to work at a rate of three days a week, with a 20-pound lifting limitation in place. Multiple medications were renewed, including Lunesta, tramadol, Terocin, LidoPro, Protonix, and Naprosyn.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 sessions for the low back and bilateral knees:** 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 topic. Functional Restoration Approach to Chronic Pain Management section. MTU.

**Decision rationale:** The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. No rationale for such a lengthy, protracted course of therapy was furnished here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant has seemingly reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f. The applicant remains dependent on a variety of oral and topical medications, including Naprosyn, tramadol, LidoPro, Terocin, etc. Work restrictions remain in place. The applicant remains dependent on a cane. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f needed to justify continued treatment. Therefore, the request is not medically necessary.