

<b>Case Number:</b>	CM14-0209435		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/13/2014
<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: California

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 patient is a 46 year old female with an injury date of 01/07/14. Based on the 11/12/14 progress report provided by treating physician, the patient complains of lumbar spine pain rated 5-7/10 and right knee pain rated 8-9/10. Physical examination on 11/17/14 revealed decreased range of motion to the lumbar spine at 40 degrees. Range of motion of the right knee was 0-90 degrees. Per prescription order dated 10/16/14, medications include Cyclobenzaprine, Ibuprofen and Omeprazole. Patient can return to modified duty until 11/17/14, per treater report dated 10/16/14. Treatment reports were handwritten and difficult to interpret. Diagnosis 10/16/14, 11/17/14- lumbar spine disc bulge- right knee sprain strain The utilization review determination being challenged is dated 11/13/14. The rationale is "...claimant has had 24 visits of physical therapy. Treatment reports were provided from 08/15/14 - 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x4, lumbar spine and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with lumbar spine pain rated 5-7/10 and right knee pain rated 8-9/10. The request is for additional physical therapy 2x4 lumbar spine and right knee. The patient's diagnosis on 11/17/14 included lumbar spine disc bulge and right knee sprain strain. A physical examination on 11/17/14 revealed decreased range of motion to the lumbar spine at 40 degrees. Range of motion of the right knee was 0-90 degrees. Per prescription order dated 10/16/14, medications include Cyclobenzaprine, Ibuprofen and Omeprazole. The patient can return to modified duty until 11/17/14, per the physician's report dated 10/16/14. The treatment reports were handwritten and difficult to interpret. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The physician has not provided a reason for the request, nor provided physical therapy treatment history. The physician does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. UR letter dated 11/13/14 states "...claimant has had 24 visits of physical therapy. The request for additional 8 sessions would exceed MTUS guideline recommendation. Therefore, the request is not medically necessary.