

<b>Case Number:</b>	CM14-0066432		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Family 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:

The worker is a 44 year old female who was injured on 11/19/2011. She was diagnosed with left leg joint pain, bilateral knee contusion, lumbar facet syndrome, and lumbar radiculopathy. She was treated with lumbar epidural injection, chiropractor treatments, medications, and physical therapy (18 sessions). He returned to work with modified duties. In 11/2013, the worker was reportedly attending physical therapy for her lower back, although no report was made as to if she was attempting to do home exercises then and how much the physical therapy was helping her functionally. Soon afterward, on 12/12/13, the worker was seen by her primary treating physician reporting decreased pain since last visit (not quantified), fair sleep quality, and same activity level. She was then recommended to complete an additional 8 sessions of physical therapy for her lower back for the purpose of developing a home exercise program because "due to decreased pain, patient would like to increase physical activity and engage in an appropriate exercise regimen but is uncertain as to what exercises are appropriate." Again, on 4/3/14, the worker was seen by her primary treating physician for a follow-up still not having gone to physical therapy due to non-approval and reporting pain levels at 9/10 on the pain scale due to her pain medications being stolen. She was again recommended to have the additional sessions of physical therapy as well as chiropractor treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x Week for 4 Weeks: Upheld**

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

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, there was evidence that the worker was engaging in physical therapy days before the request for additional physical therapy was made. There should have been some basic instructions for home exercises during these sessions completed as this was one of the goals for therapy documented in the progress notes provided from that time period (11/2013). However, it is still not clear why the worker was requesting more instruction than she should have already had by now for her lower back. Also, there was no documented report on how the worker improved her overall function related to physical therapy which might have helped justify additional sessions. Additional sessions of physical therapy at the most would take 1-2 sessions if the main purpose was to instruct her on how to perform exercises at home. Therefore, the 8 sessions of physical therapy for her lower back are not medically necessary.