

<b>Case Number:</b>	CM15-0008145		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Hawaii  
 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:

The injured worker was a 59 year old female, who sustained a work related injury, December 14, 2009. The injured workers chief complaint was pain to the lumbar spine and bilateral knees. The injured worker was diagnosed with bilateral knee osteoarthritis, lumbar spine sprain, sciatica of the left lower extremity and positive straight leg raise of 30 degrees on the left side and right knee chondromalacia patellae, right knee medial meniscal tear. The injured worker was treated with pain medication, diagnostic studies, laboratory studies, pain medication, anterior/posterior fusion at L4-S1 May 116, 2012, anterior cervical discectomy and fusion at C4-C7 with reconstruction September 27, 2013, right knee replacement. On November 4, 2014, the primary treating physician requested physician therapy for the lumbar spine and bilateral knees, 2 times a week for 6 weeks.

### 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:** Upheld

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

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

**Decision rationale:** The patient presents with lumbar and bilateral knee pain. The current request is for Physical Therapy for the Lumbar Spine. The treating physician report dated 11/4/14 requested physical therapy 2x6. There is no documentation found indicating that the patient is in a post-surgical treatment time frame. The MTUS guidelines state that physical therapy is recommended 8-10 sessions for myalgia and neuritis type conditions. In this case, the treating physician has requested 12 sessions and the current review is for an undetermined quantity of physical therapy. There is no documentation provided to indicate that a new injury, diagnosis or surgery has occurred and there is no documentation of prior physical therapy results or why the patient is not able to participate in a home exercise plan. The current request is not medically necessary and the recommendation is for denial.