

<b>Case Number:</b>	CM15-0106219		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 61-year-old woman sustained an industrial injury on 5/16/2012. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI and electromyogram of the bilateral lower extremities, and left knee MRI. Diagnoses include discogenic lumbar condition, internal derangement of the left knee, left ankle sprain, left hip arthritis, and chronic pain syndrome. Treatment has included oral medications, shoulder injection, surgical intervention, use of a fracture boot and ankle scooter, home health care, physical therapy, and lumbosacral transforaminal epidural steroid injections. Physician notes dated 5/7/2015 show complaints of low back and left lower extremity pain. Physical examination revealed tenderness on palpation over lumbar spine, knee and ankle. Recommendations include additional physical therapy, Naproxen, Trazadone, Effexor XR, Norflex, Protonix, and urine drug screen. The medication list includes Naproxen, Trazadone, Effexor XR, Norflex, Soma, Valium, Neurontin, Protonix, Lyrica, Norco and Synthroid. The patient's surgical history includes left ankle surgery on 2/9/15, wrist, shoulder, knee and hip surgeries. Patient had received ESIs for this injury. The patient has had MRI of the lumbar spine and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation Physical Therapy 2 times per week for 5 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Request: Continuation Physical Therapy 2 times per week for 5 weeks. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Continuation Physical Therapy 2 times per week for 5 weeks is not medically necessary for this patient.