

<b>Case Number:</b>	CM15-0109350		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

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 is a 48 year old male, who sustained an industrial injury on October 25, 2012. The mechanism of injury was not provided. The documentation notes that the injured worker had multiple industrial injuries prior to the current injury. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included lumbar spine degenerative disc disease, low back pain, knee pain, pain in joint of the lower leg, lumbar radiculopathy, cervical pain, cervical spondylosis without myelopathy and mood disorder. Treatment to date has included medications, radiological studies, MRI, physical therapy for the bilateral knees, injections, acupuncture treatments and a home exercise program. Current documentation dated April 20, 2015 notes that the injured worker reported bilateral knee pain and increased low back pain since returning to work. Examination of the lumbar spine revealed a painful and decreased range of motion. Motor testing was limited due to pain. Sensation to light touch was decreased over the lateral calf on both sides and patchy in distribution. The injured worker was noted to ambulate with a wide gait. The treating physician's plan of care included a request for physical therapy sessions # 12 to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints: Physical and Occupational Therapy) (2007) page 134.

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

**Decision rationale:** The 48 year old patient complains of neck pain radiating to bilateral arms, rated at 4/10 with medications and 8/10 without medications, as per progress report dated 05/11/15. The request is for 12 PHYSICAL THERAPY VISITS. The RFA for the case is dated 05/04/15, and the patient's date of injury is 10/25/12. Diagnoses, as per progress report dated 05/11/15, included lumbar radiculopathy, lumbar degenerative disc disease, low back pain, cervical pain, and mood disorder. Medications included Duexis, Lidoderm patch, Vicodin, Skelaxin, lidocaine ointment, Voltaren gel, Lyrica, Tramadol, Ambien, Neurontin, Xanax, Metoprolol, Androgel and Triamterene. The patient is temporarily totally disabled and is not working, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has had physical therapy in the past. In progress report dated 12/11/14, the treater states that the patient "failed PT as it made his pain worse." As per progress report dated 02/16/15, the patient has been authorized for 12 sessions of PT for lower back, knee and neck. However, as per a subsequent report dated 04/20/15, the patient is undergoing physical therapy for bilateral legs but the therapist's office needed a separate authorization for the lower back. A new request for PT is noted in this report. While the treater does not mention the body part in the request, it is possibly for the lower back. Progress reports do not document the number of sessions completed in the past. The UR denial letter does not indicate the extent of prior therapy either and states that the request was denied because "the patient tried and failed physical therapy." Progress reports fail to document the extent and efficacy of prior therapy effectively. Additionally, MTUS recommends only 8-10 sessions of PT in non-operative cases. Hence, the request IS NOT medically necessary.