

<b>Case Number:</b>	CM15-0147173		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 injured worker is a 62-year-old female who reported an industrial injury on 7-15-2012. Her diagnoses, and or impression, were noted to include lumbar degenerative disc disease; spondylolisthesis; lumbar arthrosis facet; lumbar spinal stenosis; and low back pain. The history notes right knee pain (4-10-2012) with surgery (10-26-12). No current imaging studies were noted. Her treatments were noted to include lumbar fusion surgery (8-5-14) with post-operative physical therapy; a home exercise program; medication management; and rest from work. The progress notes of 7-9-2015 reported complaints of moderate-severe right hip pain, greater trochanteric bursitis, with a burning pain that traveled from the back to the groin, was felt with activity and while at rest, and was relieved by Naproxen. Objective findings were noted to include: a moderate antalgic gait with use of cane by the left upper extremity; notation of a knee meniscectomy surgery; impaired activities of daily living with a fair rehabilitation potential; painful lumbar and hip flexion; and decreased bilateral hip strength, right > left. The physician's requests for treatments were noted to include additional post-operative physical therapy for the lumbar spine to restore range-of-motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy 3-4 times a week for 4-6 weeks LS spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records provided indicate this patient has had at least 24 postoperative physical therapy sessions. The treating physician has not provided documentation of goals of continued therapy. The requested number of sessions would be in excess of guideline recommendations. As such, the request for Postoperative physical therapy 3-4 times a week for 4-6 weeks LS spine is not medically necessary.