

<b>Case Number:</b>	CM15-0166619		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Pennsylvania, Ohio, 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:

This 58 year old female sustained an industrial injury on 3-07-12. She subsequently reported low back and right knee pain. Diagnoses include right knee degenerative joint disease, lumbar spine strain, sprain, and displacement of intervertebral disc disorder. Treatments to date include MRI testing, right knee surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. Upon examination, gait was abnormal on the right. Tenderness was noted in the lumbar spine with guarding noted. Lumbar and thoracic spine ranges of motion were reduced. Patrick-Fabre test was slightly positive on the right. Right knee range of motion was reduced, crepitus and swelling were noted. A request for Additional physical therapy 2x wk x 2 wks for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x wk x 2 wks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.