

<b>Case Number:</b>	CM15-0182641		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female injured worker suffered an industrial injury on 1-28-2010. The diagnoses included low back pain with left radiculopathy, bilateral knee pain and left ankle pain. On 7-29-2015 the treating provider reported low back pain that radiated down the left leg. She had epidural steroid injections in the past without documentation of effectiveness. On exam there was no tenderness and mild reduced range of motion with decreased sensation in distribution of left L4, L5 and S1. The Utilization Review on 8-17-2015 determined modification for Physical therapy 2x6 (12) to (10).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in January 2010 when she slipped and fell on a waxed floor and is being treated for low back pain radiating to the left lower extremity and bilateral knee and left ankle pain. Physical therapy is referenced as having been previously provided in March 2010 and was being continued as of August 2010 and was also provided in June 2012. The requesting provider saw her for an initial evaluation. Her injury had occurred in January 2010. Prior treatments had included epidural injections. She indicated that she had not had prior physical therapy treatments. Physical examination findings included decreased lower extremity strength bilaterally and decreased lower extremity sensation on the left side. Her body mass index was nearly 30. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.