

<b>Case Number:</b>	CM15-0184135		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

The injured worker is a 65-year-old male who sustained an industrial injury on January 8, 2015. Diagnoses have included lumbosacral strain; status post fracture of right fibula upper end, closed; right knee strain or sprain; and, meniscus tear. Documented treatment includes at least 10 sessions of physical therapy with a an "initial evaluation" note dated 5-22-2015 with records provided for a following visit on 5-27-2015; then a 7-15-2015 "initial evaluation" was performed stating the injured worker "had no significant changes since his initial May, 2015 visit." There are seven subsequent documented visits after the 7-15 evaluation. The last note is dated 8-6-2015. Other treatment noted has been medication including Norco and Vicodin. On 8-13-2015 the injured worker was examined for an orthopedic consultation and the physician noted that he walks with flexed posture or abnormal gait; showed right knee lateral tenderness; positive McMurray's test; had lumbar spine tenderness at L1 and 2; trigger points at the iliac crest; and, range of motion was reduced by 25 percent. Sensory, motor and reflex examination was stated as "normal." The injured worker has been complaining of no improvement in low back and right knee pain, and reported at his 8-6-2015 physical therapy visit that he is unable to stand for "any length of time" due to pain. The treating physician's plan of care includes 12 sessions of physical therapy for the low back which was denied 8-27-2015. The patient sustained the injury due to a MVA. Per the note dated 8/6/15 the patient had complaints of pain in low back and right knee. Physical examination of the low back and right knee revealed tenderness on palpation and limited range of motion and positive SLR.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, Low Back, 3 times wkly for 4 wks, 12 sessions:** Upheld

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

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

**Decision rationale:** Request Physical Therapy, Low Back, 3 times wkly for 4 wks, 12 sessions. 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. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented 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. The request for Physical Therapy, Low Back, 3 times wkly for 4 wks, 12 sessions is not medically necessary for this patient.