

<b>Case Number:</b>	CM15-0191787		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 3-06-2014. The injured worker is being treated for chronic pain syndrome, depression and lumbar disc protrusion. Treatment to date has included work restrictions, medications, epidural injections, and physical therapy. It is unclear from the submitted documentation how many prior visits of physical therapy she has attended. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker presented for follow-up. She reported stomach pain and bilateral right greater than left, knee pain and swelling. Objective findings included diffuse tenderness to the left forearm and hand, cervical spine tenderness left greater then right, lumbar spine tenderness, and bilateral right greater then left knee swelling. Per the note dated 6-29-2015 she reported back pain radiating down the bilateral legs. She has had "physical therapy and 2 epidural injections which have not helped her at all." Per the medical records dated 5-06-2015 to 9-16-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with prior physical therapy. Work status on 9-16-2015 was "off work for 6 weeks." The plan of care included, and authorization was requested on 9-18-2015 for consultation with a hand specialist, psych consult, x-rays of the bilateral knees, and 12 (2x6) additional sessions of outpatient physical therapy for the lumbar spine, cervical spine and bilateral knees. On 9-22-2015, Utilization Review non-certified the request for 12 (2x6) sessions of outpatient physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to Lumbar Two (2) Times a Week for Six (6) Weeks: 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:** 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.