

<b>Case Number:</b>	CM15-0192562		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 41 year old female who sustained an industrial injury 06-19-10. A review of the medical records reveals the injured worker is undergoing treatment for left knee injury and lumbar radiculopathy. Medical records (09-03-15) reveal the injured worker is "noticing improvement." The physical exam (09-03-15) reveals the injured worker is sitting cross-legged on the exam table, with no noted pain or spasms in her back. Prior treatment includes medications and physical therapy. She has completed 6 physical therapy sessions and 6 aquatic therapy sessions. The original utilization review modified the request for 8 additional physical therapy sessions to the lumbar spine and 8 additional physical therapy sessions to the left knee. Per the physical therapy discharge notes (08-21-15) the injured worker met her goals for ambulation, activity tolerance, and decreased pain. She was noted to be independent with aquatic exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension physical therapy for the lumbar, 8 visits:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) page 98 of 127. In this case, the claimant was injured 5 years prior. There had been 6 land therapy sessions, and 6 aquatic therapy sessions. The status of the independent home program is not addressed. Still, the request is for more skilled therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. A smaller number of sessions would have been reasonable to emphasize the home program, and transition the patient to self-care under guidelines, but not the amount as requested. This request for more skilled, monitored therapy was appropriately non-certified, not medically necessary.

**Extension physical therapy for the left knee, 8 visits:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) page 98 of 127. As shared earlier, in this case, the claimant was injured 5 years prior. There had been 6 land therapy sessions, and 6 aquatic therapy sessions. The status of the independent home program is not addressed. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the

patient would not be independent with self-care at this point. Once again, a smaller number of sessions would have been reasonable to emphasize and transition the patient to self-care under guidelines, but not the amount as requested. This request for more skilled, monitored therapy was appropriately non-certified. This request for more skilled, monitored therapy was appropriately non-certified, not medically necessary.