

<b>Case Number:</b>	CM15-0194703		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: 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:

This injured worker is a 77 year old female, who sustained an industrial injury on 03-26-2001. The injured worker was diagnosed as having pain in limb; osteoarthritis not otherwise specified unspecified site, cervical radiculopathy and lumbosacral radiculopathy. On medical records dated 06-22-2015, 05-26-2015, and 05-22-2015, the subjective complaints were noted as signification neck, lower back and bilateral knee pain. The injured worker was noted to have difficulties with daily activities. Objective findings lumbar spine revealed lumbar spine spasm, tenderness and guarding in the paravertebral musculature with loss of range of motion was noted. Decreased sensation bilaterally in the L5 and S1 dermatomes with pain was noted as well. Knees were noted to have patellar crepitus and positive McMurry's test bilaterally. Treatments to date included medication and aqua therapy. Injured worker was noted to be temporary total disability. Current medications were not listed on 05-26-2015. The Utilization Review (UR) was dated 09-17-2015. A request for Physical Therapy 3xweek X 6weeks, Cervical-Lumbar Spine, Lower Extremities #18 was submitted. The UR submitted for this medical review indicated that the request for Physical Therapy 3xweek X 6weeks, Cervical-Lumbar Spine, Lower Extremities #18 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xweek X 6weeks, Cervical/Lumbar Spine, Lower Extremities #18:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment; however, there are guidelines for the number of sessions, the goals of the program towards a self-directed home exercise program, and fading of treatment sessions. The specific guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. 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. In this case, the records indicate that the patient has already received an unspecified number of physical therapy sessions. There is insufficient documentation as to the outcomes of these sessions. Further, the current request exceeds the total number of sessions allowed under the MTUS guidelines. Specifically, the request is for 18 sessions; however the MTUS guidelines provide a maximum of 10 visits; however, more sessions may be authorized with sufficient documentation of favorable outcomes. Given that the patient has received prior physical therapy and the number of requested physical therapy sessions exceeds the MTUS guidelines, there is insufficient evidence to support physical therapy 3X a week for 6 weeks. This is not medically necessary.