

<b>Case Number:</b>	CM15-0195928		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<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: 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 51-year-old male who sustained an industrial injury May 11, 2013. History included C4-5 spinal fusion 2013, acid reflux, diabetes mellitus and sleep disorder secondary to pain and stress. According to a primary treating physician's progress report dated August 31, 2015, the injured worker presented for a follow-up of thoracic lumbar spine, bilateral shoulders, bilateral hands, bilateral knees and cervical spine. He reported the symptoms remain in the multiple body parts. Current medication included Nexium, Citrucel, Colace, Lovaza, Tricor, aspirin, Amitiza, Sentra AM, PM, Flexeril and Norco. Objective findings included; lumbar spine-tenderness and spasm on palpation; marked pain elicited to palpation over the anterior aspect of both shoulders; patellar grind test is positive bilaterally with minimal patella crepitus of both knees; bilateral hands and wrists- tenderness about the dorsal aspects of both wrists. Diagnoses are cervical spine degenerative disc disease, status post fusion; impingement syndrome of both shoulders; carpal tunnel bilateral wrists; thoracolumbar sprain, strain with disc herniation L5-S1 chondromalacia of the patellae of the bilateral knees. Treatment plan included prescriptions and to use ice and heat contrast therapy. At issue, is a request for authorization for physical therapy (2) times a week for (3) weeks. There was a previous request for physical therapy July 20, 2015; no notes are available for review. According to utilization review dated September 14, 2015, the request for Physical Therapy 2 x 3 lumbar is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the lumbar:** 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:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 3 weeks for the lumbar is not medically necessary and appropriate.