

<b>Case Number:</b>	CM15-0195993		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/22/1986
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/01/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on 06-22-1986. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar spine disc herniation status post laminectomy-discectomy (04-29-2015) and bilateral knee osteoarthritis status post total knee replacement with continued pain and inflammation. Treatment and diagnostics to date has included lumbar spine surgery, bilateral knee surgeries, physical therapy (12 visits noted in 2013, 12 visits noted in 2014, and 13 visits noted in 2015), home exercise program, and medications. Recent medications have included Dilaudid, Percocet, and Motrin. Physical therapy progress report for visit #13 dated 08-31-2015 stated that the injured worker notes, "he is still feeling persistent high levels of pain to his back region that has not been reducing with time." After review of progress notes dated 07-13-2015 and 08-14-2015, the injured worker reported bilateral knee and low back pain. The treating physician noted that the injured worker underwent a fusion of the lumbar spine "three months ago." Objective findings included spasm in the right lower lumbar region with tenderness to palpation, positive Lasegue's test on the right, and decreased lumbar spine and bilateral knee range of motion. The Utilization Review with a decision date of 09-01-2015 non-certified the request for 12 physical therapy sessions for lumbar spine including evaluation, application of electrical stimulation, without direct provider contact, each 15 minutes, therapeutic exercises, and manual therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions for lumbar spine, including evaluation, application of electrical stimulation, without direct provider contact, each 15 minutes, therapeutic exercises, manual therapy:** 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, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** 12 Physical therapy sessions for lumbar spine, including evaluation, application of electrical stimulation, without direct provider contact, each 15 minutes, therapeutic exercises, manual therapy is not medically necessary per the MTUS Guidelines. The operative report dated 4/29/15 states that the patient had a redo L5-S1 discectomy. The MTUS recommends up to 16 visits of postoperative lumbar PT for this condition. The documentation indicates that the patient has had 12 postoperative PT sessions. There are no extenuating factors documented that would necessitate 12 more supervised therapy sessions. The MTUS recommends a transition to an independent home exercise program. The request for 12 more PT sessions is not medically necessary.