

<b>Case Number:</b>	CM15-0207871		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 58-year-old male who sustained an industrial injury on 11-16-2000 and has been treated for bilateral knee pain, and low back pain. Diagnoses related to this request include lumbar disc bulge at L5-S1 and lumbar radiculopathy. Diagnostic undated MRI of L5-S1 cited to have shown left paracentral with neuroforaminal stenosis. On 9-2-2015 the injured worker reported 8 out of 10 pain and difficulty sleeping. Pain was radiating down the left lower extremity with numbness and tingling. Objective findings includes antalgic gait favoring the left, decreased sensation in the left posterolateral thigh, decreased strength on the left, and positive left straight leg raise at 50 degrees. Documented treatment 9-2-2015 includes lumbar epidural steroid injection 1-22-2014 with "moderate relief," and on 9-4-2015 with "minimal improvement"; medication; unspecified number of chiropractic treatments noted with "temporary relief"; therapy, and home exercise. There is no documentation showing physical therapy over the past 6 months. The treating physician's plan of care includes 12 sessions of physical therapy for the lumbar spine. This was denied on 10-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions:** 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:** Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment for this November 2000 injury. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 12 sessions is not medically necessary and appropriate.