

<b>Case Number:</b>	CM15-0021048		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 44 year old male, who sustained an industrial injury on July 11, 2014. The diagnoses have included lumbar radiculopathy. Treatment to date has included physical therapy, diagnostic studies, medications and modified work. Currently, the injured worker complains of pain in the right eye, low back and left leg. He reports throbbing pain in the left side of the low back which he rates a 7 on a 10 point scale and he reports numbness radiating from the low back to the left lower extremity. On January 21, 2015 Utilization Review modified a request for twelve sessions of physical therapy for the lumbar spine and the knee, noting that three sessions were appropriate for education and instruction of a home exercise program. The California Medical Treatment Utilization Schedule was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of twelve sessions of physical therapy for the lumbar spine and the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar/Knee (3 x4) 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The 44 year old patient complains of muscular spine strain, left hip strain, and left knee strain, rated at 7/10, as per progress report dated 01/02/15. The request is for physical therapy for lumbar / knee (3 x 4) 12 sessions. There is no RFA for this case, and the patient's date of injury is 07/11/14. Diagnoses, as per progress report dated 01/02/15, included lumbosacral sprain/strain, left hip strain, and left knee strain. The patient also suffers from sleep issues, secondary to pain, as per progress report dated 11/17/14. The patient is working with restrictions, as per progress report dated 01/02/15. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treater requested for six sessions of physical therapy in progress reports dated 07/15/14. In progress report dated 11/17/14, the treater states that physical therapy "exacerbated pain and discomfort." The treater is now requesting for 12 additional sessions. However, MTUS guidelines recommend only 8-10 sessions of PT in non-operative cases. Hence, the request for 12 additional sessions is excessive and IS NOT medically necessary.