

<b>Case Number:</b>	CM15-0023636		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 25-year-old [REDACTED] beneficiary who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of July 24, 2013. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve request for eight sessions of physical therapy. The claims administrator referenced an RFA form of January 15, 2015 and associated progress note of December 19, 2014, in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was placed off of work, on total temporary disability. The attending provider noted that the applicant had ongoing low back and knee pain complaints. The attending provider contended that the bulk of the physical therapy treatment, which transpired to date involved the knee as opposed to the lumbar spine. On October 24, 2014, the applicant had apparently transferred care to her new primary treating provider (PTP) reporting complaints of knee and leg pain. The applicant contended that the bulk of the treatment which had transpired to date revolved around the injured knee, which was surgically operated upon. The applicant had failed to return to work, it was acknowledged. The applicant was placed off of work on that occasion. The remainder of the file was surveyed. There was no clear or compelling evidence that the applicant had had prior physical therapy for the low back.

### 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 4 weeks for the lumbar spine: Overturned**

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

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

**Decision rationale:** Yes, the request for eight sessions of physical therapy for the lumbar spine was medically necessary, medically appropriate, and indicated here. The eight-session course of treatment proposed is compatible with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Here, the attending provider has framed the request as a first-time request for physical therapy for the lumbar spine. The attending provider posited that the applicant had developed compensatory low back pain after having had longstanding knee pain complaint issues for extent of one and half years. Therefore, the request for first time physical therapy for the lumbar spine was medically necessary.