

<b>Case Number:</b>	CM15-0215160		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 67-year-old male who sustained an industrial injury on 9-23-14. A review of the medical records indicates that the worker is undergoing treatment for right hand sprain-strain, right middle finger (PIP) proximal interphalangeal joint, lumbar sprain-strain, status post lumbar spine fusion at L3-4 and L4-5, sprain-strain of bilateral hip and thigh, and right pubic ramus fracture superior and inferior. Subjective complaints (7-2-15) include ongoing low back pain, right middle finger pain, difficulty grasping, pulling and pushing, pain and swelling over the PIP joint (right middle finger), and pelvis and right groin pain. Objective findings of the lumbar spine (7-2-15) include moderate to severe muscle spasm and pain on range of motion and posterior midline tenderness. Range of motion in degrees is: Flexion 30, extension 10, left and right lateral bending 10, and left and right rotation 10. The (8-25-15) physical therapy report notes moderate lower back pain, right hand pain, right finger(s) pain, right hip pain, and that the worker is improving slowly. Previous treatment includes acupuncture, physical therapy, surgery, brace, medication. The requested treatment of physical therapy 8 visits, lumbar spine was non-certified on 10-23-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 visits, lumbar spine:** 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:** Review indicates the patient with remote lumbar fusion at L3-5 in 2002 with recent right superior inferior pubic rami fracture on 9/23/14. CT scan noted minimally displaced fracture and the patient denied any pain or restrictions. Recent EMG/NCS of 9/1/15 showed mild peripheral neuropathy without radiculopathy. The provider has declared the patient P&S and MMI with supplemental report on 10/12/15 without change in recommendation or functional rating. 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 2014 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 8 visits, lumbar spine is not medically necessary and appropriate.