

<b>Case Number:</b>	CM15-0031017		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Pain Management

### 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 65 year old male, who sustained an industrial injury on 12/28/2013. The diagnoses have included lumbar disc bulge at L4-L5, right L5 denervation on electromyography (EMG), right lower extremity radicular pain and right knee strain, rule out meniscal tear. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/9/2015, the injured worker complained of pain in the lower back, right knee, right hip and right foot. The injured worker reported persistent pain in the lower back that radiated down his right leg. The pain was made better with rest and medication. He was taking Tramadol. Exam of the lumbar spine revealed decreased range of motion. There was tenderness to the paraspinals, right greater than left and positive hypertonicity on the right. Exam of the right knee revealed significantly decreased range of motion. There was tenderness to the medial and lateral joint line. Authorization was requested for physical therapy to the lumbar spine due to decreased functionality and increased pain. Notes indicate that the patient received 9 therapy visits in 2014. On 1/20/2015, Utilization Review (UR) non-certified a request for physical therapy two times a week for four weeks for the low back. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2x4 physical therapy sessions for low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when combined with the 9 previous therapy visits, the current request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.