

<b>Case Number:</b>	CM15-0037880		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 55-year-old male, who sustained an industrial injury on 8/31/99. He has reported pain in the lower back and bilateral knees related to cumulative trauma. The diagnoses have included status post lumbar spine surgery, left knee strain and status post right knee surgery. Treatment to date has included physical therapy, lumbar MRI and pain medications. As of the PR2 dated 1/16/15, the injured worker reports worsening lower back pain related to the cold weather and bilateral knee pain. The treating physician requested additional physiotherapy 2x week x6 weeks for the lumbar spine and bilateral knees. On 1/29/15, Utilization Review modified a request for additional physiotherapy 2x week x6 weeks for the lumbar spine and bilateral knees to additional physiotherapy 2x week x2 weeks for the lumbar spine and bilateral knees. On 2/27/15, the injured worker submitted an application for IMR for review of additional physiotherapy 2x week x6 weeks for the lumbar spine and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Additional physiotherapy, twice weekly, lumbar spine and bilateral knees, Qty: 12:**

Upheld

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

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

**Decision rationale:** This patient has a date of injury of 08/31/99 and present with low back, left shoulder, neck and right knee pain. The current request is for Additional Physiotherapy Twice Weekly Lumbar Spine and Bilateral Knees QTY 12. The Request for Authorization is not provided in the medical file. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98 and 99 state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Progress report dated 01/31/14 notes that the patient, "has trailed and failed multiple conservative therapies including NSAID and physical therapy more than 6 months." Progress report dated 03/28/14 states, "the patient continues to participate in physical therapy but with participation due to pain." Report dated 10/20/14 states continue, "PT as prescribed." Treatment plan on 11/24/14 was for, "authorization for more sessions of PT." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not discuss why the patient is unable to transition into a self-directed home exercise program. This request is not medically necessary.