

<b>Case Number:</b>	CM15-0040888		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 62-year-old male, who sustained an industrial injury on 06/01/1993. Initial complaints and diagnoses were not found in the clinical notes. Treatment to date has included conservative care, medications, physical and aquatic therapy, lumbar decompression and fusion surgery, cervical fusion surgery, injections, nerve blocks, radiographic imaging, MRIs of the cervical and lumbar spines, and psychological treatment. Currently, the injured worker complains of constant low back pain radiating to the lower extremities, neck pain radiating to the upper extremities, bilateral shoulder pain with use of upper extremities, knee pain, difficulty walking, constipation and gastric upset from medications, and depression. Current diagnoses pertinent to these complaints include status post posterior lumbar decompression and posterior stabilization, status post cervical (C2-T1) anterior posterior fusion, lower extremity edema with history of osteomyelitis, status post left great toe debridement, bilateral rotator cuff tears, and degenerative scoliosis. The treatment plan was to include reducing medications (weaning), and monitoring of urine drug screenings. The UR found the request to be non-certify due to lack of indication and excessive physical therapy. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen (18) physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient has received excessive physical therapy and aquatic therapy without documentation of significant improvement. The medical records fail to demonstrate any extenuating circumstances necessitating continued physical therapy. As such, the request for Eighteen (18) physical therapy visits is not medically necessary.