

<b>Case Number:</b>	CM15-0041597		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/25/2015
<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: 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 52-year-old female, who sustained an industrial injury on 12/09/2011. On provider visit dated 02/15/2015 the injured worker has reported back pain and difficulties with activities of daily living. On examination, she was noted to have significant pain with twisting of the lumbar spine. The diagnoses have included spinal stenosis, lumbar region without neurogenic claudication, back pain, degeneration of lumbar or lumbosacral intervertebral disc and low back pain. Treatment to date has included unclear number of sessions of physical therapy. Notes indicate that 8 sessions of therapy were approved on December 31, 2014. A progress report dated January 16, 2015 indicates that the patient had not yet started physical therapy. A report dated February 11, 2015 indicates that impact strengthening in physical therapy has worsened pain and recommends strengthening with low/nonimpact exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, three times a week for four weeks of the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg 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, it appears the patient did not improve from the most recently provided therapy sessions. It is unclear if the patient completed all eight therapy sessions approved in December 2014. If all 8 sessions had been exhausted, a brief course of additional therapy may be indicated to attempt non-impact strengthening. However, there is no provision to modify the current request to allow for a brief course of therapy, and it is unclear whether the previously authorized therapy sessions have been exhausted. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.