

<b>Case Number:</b>	CM15-0044805		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 36-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of April 24, 2013. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a February 26, 2014, RFA form in its determination. In a handwritten progress note dated March 4, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and bilateral knee pain. In an earlier note dated February 4, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back and bilateral knee pain. Topical compounded creams and physical therapy were apparently proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for lumbar spine and bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Page(s): 8; 99.

**Decision rationale:** The applicant is a represented 36-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of April 24, 2013. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a February 26, 2014, RFA form in its determination. In a handwritten progress note dated March 4, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and bilateral knee pain. In an earlier note dated February 4, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back and bilateral knee pain. Topical compounded creams and physical therapy were apparently proposed.