

<b>Case Number:</b>	CM15-0062560		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 46-year-old who has filed a claim for chronic low back pain, ankle pain, knee pain, and shoulder pain reportedly associated with an industrial injury of October 24, 2014. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a February 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On November 13, 2014, the applicant reported ongoing complaints of low back pain. It was stated in one section of the note that the applicant was working regular duty. At the bottom of the report, however, a rather proscriptive 10-pound lifting limitation was endorsed. Twelve sessions of physical therapy, oral ketoprofen, Prilosec, and tramadol were endorsed. On December 11, 2014, the applicant was declared permanent and stationary. The applicant was status post earlier knee surgery. Ketoprofen, Prilosec, tramadol, and Voltaren gel were endorsed. On January 22, 2015, the applicant's permanent 10-pound lifting limitation was renewed. MRI imaging of the knee and ankle were endorsed, along with ketoprofen, Prilosec, tramadol, and Voltaren gel. It was not clearly stated whether the applicant was or was not working on this occasion. The remainder of the file was surveyed. The February 19, 2015 progress note made available to the claims administrator was not seemingly incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x 4 for the back, right ankle, right knee, right leg, and shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** No, the request for 12 sessions of physical therapy for the knee, ankle, leg, and shoulders was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the limited information on file suggested that the applicant had 12 sessions of physical therapy in late 2014. A progress note dated November 13, 2014 suggested that the applicant was working regular duty as a teacher's assistant, as of that point in time. Thus, all evidence on file pointed to the applicant's having plateaued with earlier treatment, having minimal residual impairment, and having successfully transitioned back to work. It appeared, thus, the applicant should have been capable of transitioning to self-directed home-based physical medicine without the lengthy formal course of physical therapy at issue here. While it is acknowledged that the February 19, 2015 progress note made available to the claims administrator was not seemingly incorporated into the Independent Medical Review packet, the information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.