

<b>Case Number:</b>	CM15-0082962		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

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 64 year old female, who sustained an industrial injury on 11/17/2014. She reported injury to the right foot, both knees and low back and right shoulder pain. According to a progress report dated 03/17/2015, the injured worker was seen for follow up of her knees, low back and right inner foot pain. There had been no improvement with physical therapy for the low back or knees. Pain level was rated 4 on a scale of 1-10. Diagnoses included status post-industrial fall, possible right rotator cuff re-tear, history of right RC repair in April 2014, right ankle strain/posterior tibial tendonitis, knee contusion, lumbar spine strain and lumbar spinal stenosis/spondylosis nonindustrial. Treatment plan included activity modification, icing program, occupational therapy/physical therapy modalities and strengthening for the lumbar spine and right foot. The injured worker was temporarily totally disabled. Currently under review is the request for 12 physical therapy visits for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November and is being treated for shoulder, knee, ankle and low back pain. When seen, there had been no improvement with physical therapy in her back or knee. Pain was rated at 4/10. A normal physical examination is documented. Authorization for additional physical therapy for the lumbar spine and foot was requested. In this case, the claimant has already had physical therapy without apparent benefit for this condition. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency. No new therapeutic content or deficiency in the therapy already provided is documented. Therefore additional physical therapy is not medically necessary.