MAXIMUS Federal Services

| Case Number: | CM15-0084622 | | |
|---|---|---|---|
| Date Assigned: | 05/06/2015 | Date of Injury: | 10/07/2003 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

## 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: Texas, California
Certification(s)/Specialty: Family Practice

## 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 55-year-old female, who sustained an industrial injury on 10/07/2003. She reported falling and injuring her hip and low back. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar radiology, bilateral hip pain, bilateral knee pain, vitamin D deficiency, chronic pain, status post lumbar spine removal of hardware, status post right total knee replacement, status post left knee surgery, and chronic bladder retention/neurogenic bladder. Treatment and diagnostics to date has included nerve conduction studies, lumbar spine MRI, lumbar spine fusion, lumbar support brace, injections, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of low back, upper extremity, and lower extremity pain. Objective findings include lumbar spasms and tenderness and decreased sensitivity along the L5 dermatome in the left lower extremity. The treating physician reported requesting authorization for physical therapy. Patient was authorized for 24 PT visits for this injury. The medication list include Celebrex, MS Contin, Wellbutrin, Lyrica, Tizanidine, Amitriptyline and Duloxetine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 week:** 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 therapy Page(s): 98.

**Decision rationale:** Physical Therapy 2 x 6 week. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient was authorized for 24 PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 2 x 6 week is not fully established for this patient.