

<b>Case Number:</b>	CM15-0087470		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/03/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 54-year-old male, who sustained an industrial injury on July 3, 2008. He reported slipping with injury to his back, right arm, and right leg. The injured worker was diagnosed as having left sacroiliac joint dysfunction, chronic low back pain, generalized osteoarthritis, status post bilateral knee replacements most recently on the left with residual pain, and chronic opioid therapy. Treatment to date has included MRIs, trigger point injections, cortisone injections, physical therapy, acupuncture, and medication. Currently, the injured worker complains of low back pain and bilateral leg pain, with aching and burning in the low back along with pins and needles, numbness in the left lateral greater trochanteric area, and aching in the knees bilaterally. The Treating Physician's report dated March 18, 2015, noted injured worker's current medications as Oxycontin, Morphine ER, Hydromorphone, Amrix, and Docusate Senna. The injured worker reported pain at 7/10 and constant in the back, and 8/10 and constant in the leg, with pain medication providing little relief from the pain. Physical examination was noted to show the injured worker with significant pain behavior, ambulating with an antalgic gait, carrying a cane. Cervical range of motion (ROM) was noted to be full, with decreased strength 4/5 in hip flexors and quadriceps on the right, and sensory exam normal in the lower extremities. A urine drug screen (UDS) was noted to have been obtained at the last visit and was noted to be appropriate. The treatment plan was noted to include a recommendation and request for authorization for regular physical therapy, and refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine x 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in July 2008 and underwent a right total knee revision in July 2013 and a left knee replacement in January 2014. When seen, he was having intermittent bilateral hip and knee pain and is reported to have regressed since completion of physical therapy. Physical examination findings included greater trochanteric bursa tenderness and a compensated gait. The claimant is being treated for chronic pain. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and would likely promote further dependence on therapy provided treatments, which appears to have occurred already in this claimant's case. Therefore, the requested therapy was not medically necessary or appropriate.