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| <b>Case Number:</b>   | CM14-0119971 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 11/19/2009 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 has submitted a claim for persistent low back pain radiating to the bilateral legs associated with an industrial injury date of November 9, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of lumbar spine and bilateral knee pain, right greater than left. Physical examination of the lumbar spine showed slight decrease in range of motion (ROM) with flexion at 50degrees, extension at 20degrees, right and left lateral flexion at 20 degrees. Tenderness to the paraspinals equally was noted. Positive Kemp's bilaterally was noted. Deep tendon reflexes were +1 bilaterally at patellar and Achilles tendon. Examination of the bilateral knees revealed that the right knee has decreased ROM with flexion at 110 and extension at 0. Left knee has flexion at 110 and extension at 0 with crepitation. There was positive valgus, varus and McMurray's on the right as well as patellofemoral grind bilaterally. Tenderness to the medial and lateral joint lines on the right was noted. Treatment to date has included medications and physical therapy (since 2014).A utilization review from July 10, 2014 denied the request for physical therapy 2 x per week for 6 weeks because the progress in recovery attained by the patient with supervised therapy should have been sufficient to allow further progress with independent home exercise. There was also no documentation regarding functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 6Wks (twice a week for 6 weeks) for the lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, ODG Physical Therapy Guidelines

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

**Decision rationale:** On pages 98-99 of California MTUS Chronic Pain Medical Treatment Guidelines, it stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Physical Medicine Guidelines indicate the treatment plan should allow for fading of treatment frequency. In this case, the patient completed 8 sessions of Physical Therapy. The patient noted symptomatic relief from the therapy. However, there was no documented objective functional improvement on the progress note reviewed. It was likewise unclear why the patient cannot tolerate self-directed home exercise program. Therefore, the request for physical therapy twice a week for 6 weeks for the lumbar spine is not medically necessary.