

<b>Case Number:</b>	CM14-0122882		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/24/1998
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of February 24, 1988. A utilization review determination dated July 16, 2014 recommends noncertification for 10 sessions of physical therapy. Noncertification is recommended due to lack of functional improvement "as defined in MTUS 9792.20." A progress report dated April 30, 2014 identifies subjective complaints of low back pain and bilateral knee pain. Physical examination findings are not listed. Diagnoses include lumbar radiculopathy, bilateral knee sprain/strain, chronic pain syndrome, chronic pain related insomnia, myofascial pain syndrome, and neuropathic pain. The treatment plan states that the patient has been authorized for physical therapy and transportation. Additionally, a recommendation is made to continue the patient's current medications, obtain a urine drug screen, and perform a toradol injection. A progress report dated June 10, 2014 indicates that the patient has completed 6 visits of physical therapy. The note states that the last 2 visits have been "most effective." No physical exam is included. The treatment plan recommends scheduling physical therapy and transportation to and from visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2 X 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chapter not noted Page(s): 8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 visits of therapy for sprains/strains of the lumbar spine and 10-12 visits for the treatment of lumbar radiculopathy. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the number of therapy sessions already completed, the request exceeds the amount of PT recommended by ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.