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| <b>Case Number:</b>   | CM14-0136418 |                              |            |
| <b>Date Assigned:</b> | 09/03/2014   | <b>Date of Injury:</b>       | 06/15/2011 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 08/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2014 |

### 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 Management, 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 6/15/11. A utilization review determination dated 8/5/14 recommends non-certification of physical therapy. The 7/17/14 medical report identifies low back pain with some improvement after radiofrequency ablation in March. There is some intermittent burning pain in the right greater than left low back, buttock, posterior thigh, and right knee. There is also localized right knee pain 4/10 and she had an episode of "knees suddenly popping or giving way." On exam, there is tenderness and decreased ROM in the low back. Physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within

the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any 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. In light of the above issues, the currently requested physical therapy is not medically necessary.