

<b>Case Number:</b>	CM14-0147899		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on -22-14. Office visit on 7-28-14 notes the claimant has low back pain, weakness to bilateral legs, weakness to the right arm and numbness in the right fingers. On exam, the claimant has tenderness at the low back, numbness in both legs and absent reflexes in both knees. The claimant has been treated with medications and activity modification. Medical Records reflect the claimant has been provided with 6 physical therapy by 2-18-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2X 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 6 physical therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home

exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed post injury. Therefore, this request is not medically necessary.

**Physical Therapy 2 X 6 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 6 physical therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed post injury. Therefore, this request is not medically necessary.