

<b>Case Number:</b>	CM14-0158470		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 February 5, 2008. A utilization review determination dated September 17, 2014 recommends denial of physical therapy 12 visits. Denial is recommended since the outcome of prior physical therapy is not specified. A report dated July 10, 2014 identifies a subjective complaints indicating that the pain level is unchanged and the patient sleeps excessively. She feels depressed. Physical examination findings reveal tenderness in the right buttock and sciatic notch, 4/5 strength with right hip flexion, knee extension, ankle dorsiflexion, and ankle plantar flexion. Diagnoses include lumbar disc disorder, lumbar radiculopathy, pain in the leg joint, chronic pain syndrome, arthritis, and knee pain. The treatment plan recommends physical therapy 2 times a week for 6 weeks. She is also recommended to contact a therapist and continue her current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, leg, knee, lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 08/25/14) and Official Disability Guidelines (ODG), Low Back (updated 08/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 337-338 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 98. Decision based on Non-MTUS Citation Knee & Leg Chapter, Physical Therapy, 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 lumbar strains and 10-12 visits for radiculopathy. ODG recommends 9 visits of therapy for the treatment of knee arthritis. Within the documentation available for review, it is unclear whether the patient has completed prior PT sessions. If so, 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, the request exceeds the amount of PT recommended by the CA MTUS/ODG as a trial for this patient diagnoses 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.