

<b>Case Number:</b>	CM14-0213973		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 60 year old female with dated of injury 04/23/07. The treating physician report dated 05/14/14 (198) indicates that the patient presents with pain affecting her low back and right knee. The physical examination findings reveal in the lumbar spine that flexion is 50 degrees, extension is 20 degrees, bonding to the right and to the left is 20 degrees. There is positive straight leg raise test at 70 degrees, bilaterally. There is hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L3-21 dermatome, bilaterally. There is facet joint tenderness at L3-5 bilaterally. The current diagnoses are: 1.Cervical Strain, Disk lesion of Cervical Spine 2.Lumbar Disk Herniation with Radiculities/Radiculopathy 3.Right Shoulder Tendonitis, impingement syndrome, Positive MRI 4.Overload pain, left shoulder due to compensation for the right shoulder pain 5.Bilateral knee sprain/strain 6.Anxiety and Depression 7.Insomnia. The utilization review report dated 11/24/14 (597) denied the request for Physical Therapy based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the lumbar spine:** 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.

**Decision rationale:** The patient presents with back and knee pain. The current request is for Physical Therapy of the Lumbar Spine. The MTUS guidelines allow 8-10 therapy visits. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, the treating physician does not provide a quantity of sessions. There is no discussion of a recent surgery, new injury or exacerbation that requires physical therapy at this time. The current request does not meet the requirements as outlined in the MTUS guidelines as only 8-10 sessions are recommended. An open ended request for physical therapy does not meet the MTUS guidelines. The recommendation is for denial.