

<b>Case Number:</b>	CM15-0015465		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 45 year old male with an industrial injury dated June 25, 2010. The injured worker diagnoses include sprains and strains of lumbar region, sprains and strains of knee and leg not otherwise specified and lumbosacral radiculopathy. He has been treated with diagnostic studies, prescribed medications, six physical therapy sessions, consultation and periodic follow up visits. In a progress note dated 10/23/2014, his treating physician reports spasms and tenderness in the paravertebral musculature of the lumbar spine with decrease range of motion, decrease sensation over the bilateral L5 dermatomes with pain, antalgic gait and weakness with toe heel walking bilaterally. The treating physician also noted a loss of motor strength of the left knee graded a 4/5; medial and lateral joint line tenderness and patellar crepitus with flexion and extension of the left knee. A positive McMurray's sign was noted medially and edema was noted over the left knee. The treating physician prescribed services for physical therapy 3 x 6 weeks for the lumbar spine to increase strength, increase flexibility, and reduce pain. UR determination on January 12, 2015 denied the request for physical therapy 3 x 6 weeks for the lumbar spine, citing MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 6 weeks, Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home the claimant had already completed therapy. The 18 additional sessions requested exceeds the guideline recommendations. Consequently, additional therapy sessions are not medically necessary.