

<b>Case Number:</b>	CM15-0115013		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old male with a February 24, 2010 date of injury. A progress note dated May 11, 2015 documents subjective complaints (moderate, constant pain in the neck, both arms, back, and both legs; lower back, left hip, left knee and left foot burning numbness), objective findings (left leg shorter than right; decreased range of motion of the lumbar spine with pain), and current diagnoses (degenerative disc disease). Treatments to date have included physical therapy, total knee arthroplasty, imaging studies, and medications. The treating physician documented a plan of care that included physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, three times weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in February 2010 and continues to be treated for neck, back, arm, and leg pain. There was a leg length discrepancy. Lumbar range of motion was decreased and painful. The claimant had been discharged from physical therapy after left knee arthroplasty with a home exercise program three weeks before. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is in excess of what might be needed to revise the claimant's home exercise program. The additional physical therapy was not medically necessary.