

<b>Case Number:</b>	CM15-0127393		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/10/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California

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 injured worker is a 49-year-old male, who sustained an industrial injury on 04/10/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbago, low back pain, and myofascial syndrome/fibromyalgia. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, and medication regimen. In a progress note dated 05/13/2015 the treating physician reports complaints of continued pain to the neck, back, shoulder, and knee. Examination reveals tenderness to the cervical spine, decreased range of motion to the cervical spine with pain, tenderness to the left subacromial space, decreased range of motion to the left shoulder with pain, atrophy to the left shoulder, tenderness to the left knee joint line, positive McMurray's test on the left lower extremity, tenderness to the lumbar spine, tenderness at the facet joint, and decreased range of motion to the lumbar spine. The injured worker's current pain level was rated a 6 out of 10 with his medication regimen. The medical records provided noted prior physical therapy of an unknown quantity, but the medical records did not contain specific documentation of functional improvement with prior physical therapy. The treating physician requested 12 additional sessions of physical therapy for the low back with the treating physician noting that the injured worker has shown improvement with prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physical therapy visits for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider has continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The 12 Physical therapy visits for the low back is not medically necessary and appropriate.