

<b>Case Number:</b>	CM15-0175313		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 male, who sustained an industrial injury on 10-27-2014. The injured worker was diagnosed as having closed head injury, lumbar strain, right knee patellar tendinosis, right knee pes anserine bursitis, left rib fractures (clinically healed), bitemporal headaches, and basilar skull fracture in the left temporal area, left ear abnormal sound, dysuria and urinary urgency (non-industrial). The request for authorization is for: additional outpatient physical therapy 3 times a week for 2 weeks to the lumbar spine and ribs. The UR dated 8-3-2015: non-certified the request for additional outpatient physical therapy 3 times a week for 2 weeks to the lumbar spine and ribs. On 4-29-2015, he reported multiple symptoms including headaches, low back pain, difficulty breathing, difficulty swallowing, and his left eye getting red 3 days prior to this report. He rated his pain 7-8 out of 10. He currently takes Ultram 50mg 3 times a day. Physical examination revealed lumbar spine with decreased and painful range of motion, positive bilateral kemp tests, and tenderness in the low back, tenderness in the right knee, tender pes anserine bursa, and normal gait. He is off work. On 8-5-2015, he reported mid back pain and low back pain. He rated his pain 5-6 out of 10. He also reported headaches, dizziness and occasional nausea. He reported going to the emergency room a week earlier for "urinary urgency accompanied with back pain and dysuria". Physical findings revealed a painful and decreased lumbar range of motion, tenderness in the low back, negative bilateral straight leg raise test, tenderness to the right knee and left trapezius. He is off work. The records do not indicate the outcomes of the completed physical therapy sessions. The treatment and diagnostic testing to date has included: medications, psychology sessions, and an unclear amount of completed physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy 3 times a week for 2 weeks to the lumbar spine and ribs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional outpatient physical therapy three times per week times two weeks to the lumbar spine and ribs is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are closed head injury; lumbar strain; right knee patella tendinosis; left wrist fractures (clinically healed); bitemporal headaches; basilar skull fracture, left temporal; and left ear abnormal sound. Date of injury is October 27, 2014. Request for authorization is August 28, 2015. The utilization review provider initiated a peer-to-peer conference call with the treating provider. The treating provider indicated the ribs were no longer a problem. Additional physical therapy was indicated for the lumbar spine. There was no progress with lifting weights. The injured worker is engaged in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the peer to peer conference call indicating the ribs were no longer in issue and documentation indicating the injured worker is engaged in a home exercise program, additional outpatient physical therapy three times per week times two weeks to the lumbar spine and ribs is not medically necessary.