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| <b>Case Number:</b>   | CM13-0014062 |                              |            |
| <b>Date Assigned:</b> | 10/02/2013   | <b>Date of Injury:</b>       | 10/01/2010 |
| <b>Decision Date:</b> | 01/21/2014   | <b>UR Denial Date:</b>       | 08/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female who reported an injury on 10/01/2010. The patient is currently diagnosed with multilevel lumbar disc disease, left knee medial meniscus tear, and right knee probable tear of the posterior horn of the medial meniscus. The patient was recently seen by [REDACTED] on 05/28/2013. The patient complained of lower back pain, bilateral lower extremity radiculopathy, and bilateral knee pain with swelling. Physical examination revealed tenderness in the paralumbar region, diminished lumbar range of motion, 0 degrees to 125 degrees right knee range of motion, medial joint line tenderness, positive medial McMurray's sign, 0 degrees to 125 degrees left knee range of motion, medial joint line tenderness, and positive McMurray's testing. The patient demonstrated 5/5 strength in the bilateral lower extremities and normal deep tendon reflexes. Treatment recommendations included a left knee arthroscopy with partial meniscectomy versus repair and additional physical therapy twice per week for 4 weeks to 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 of the lumbar spine and bilateral wrists two (2) times a week for four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The Official Disability Guidelines (ODG) state medical treatment for lumbago includes 9 visits over 8 weeks. Medical treatment for a sprain and strain of the wrist and hand includes 9 visits over 8 weeks. As per the clinical notes submitted, there is no documentation of a significant musculoskeletal or neurological deficit with regard to bilateral wrists. The current request on 05/28/2013 is for additional physical therapy twice per week for 4 weeks. Documentation of the previous course of physical therapy with treatment duration and efficacy was not provided for review. Without documentation of a significant functional improvement or exceptional factors, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified