

<b>Case Number:</b>	CM13-0025267		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert 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 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/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 underlying date of injury in this case is 11/30/2011. The primary diagnosis is lumbar sprain. A prior treating physician reevaluation note of 04/22/2013 discusses the diagnosis of lumbar disc protrusion with radiculopathy, left knee medial meniscus tear, left knee effusion, and adjustment disorder with depressed mood. The treatment plan included a refill of medications and a prescription for transdermal compounds. A subsequent primary physician reevaluation letter of 06/24/2013 discusses complaints of persistent low back pain and left knee pain which were frequently moderate and occasionally severe. The patient reported that his pain was well controlled with medication. Range of motion to the lumbar spine was limited due to pain. The patient had tenderness to palpation of the left infrapatella and left medial knee. The patient was diagnosed with a left knee effusion, adjustment disorder, left knee medial meniscus tear, and lumbar disc protrusion. The treatment request included a request for supervised physiotherapy for two visits as well as home exercise for the lumbar spine and left knee. An initial physician review of 08/26/2013 discusses a prior treating physician reevaluation report of 04/24/2013; in context, this appears instead to refer to a report of 06/24/2013. That reviewer noted that the reason for the current request was not documented in the clinical records submitted with this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY 1 TIMES A WEEK TIMES 2 WEEKS FOR THE LOW BACK:**

Overtured

**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 rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, pages 98-99, recommends active exercise aimed towards specific functional goals, with transition to independent home rehabilitation. An initial medical review states that the rationale for the requested physical therapy was not documented in the clinical records; however, the clinical records do clearly document both an acute worsening of low back and knee pain as well as a plan for continued home exercise. Therefore, by inference the current request for two physical therapy visits would be to review and revise a home exercise program, which is consistent with the medical treatment guidelines. The request for physiotherapy one time per week for two weeks is medically necessary.