

<b>Case Number:</b>	CM13-0025299		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 New York and Texas. 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.

### 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 51-year-old female who reported a work related injury on 05/14/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, joint pain, lumbago, thoracic region, thoracic or lumbosacral neuritis or radiculitis, primary localized osteoarthritis, medical collateral ligament of knee and contracture of joint. The clinical note dated 10/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued pain complaints to the lumbar spine bilateral hands, and right ankle. The provider documents the patient's lumbar spine is slightly improved; however, the patient reports increased pain to the left knee. Upon physical exam of the patient's lumbar spine, straight leg raise was noted as negative, there was 2+ tenderness upon palpation of the lumbar spinous processes, and paravertebral musculature. Range of motion of the lumbar spine was noted to be at 25 degrees extension, 65 degrees of flexion, and bilateral lateral bend at 15 degrees with trunk rotation 15 degrees. Upon physical exam of the bilateral knees, range of motion to the right was -3 degrees to 110 degrees, to the left was -10 degrees to 110 degrees. The provider documented MRI of the lumbar spine revealed foraminal stenosis at L4-5 and L5-S1. X-rays of the bilateral knees performed on 08/06/2013 revealed osteoarthritis bilaterally (right greater than left). The provider documented the patient was a candidate for a lumbar spine epidural steroid injections and/or facet injections. ❧❧

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twelve (12) sessions (two (2) times a week for six (6) weeks to bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient has failed with multiple implementation of conservative measures as well as duration of treatment without significant resolve of the patient's symptomatology. The provider documented the patient utilizes the following medication regimen to include Cyclobenzaprine, Flexeril, hydrocodone, oxycodone, and Salonpas. The patient presents with objective findings upon physical exam to the bilateral knees; however, documentation of when the patient last utilized supervised therapeutic interventions, duration of treatment and efficacy of treatment were not evidenced in the clinical notes reviewed. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given the above, the request for physical therapy, twelve (12) sessions (two (2) times a week for six (6) weeks) to bilateral knees is not medically necessary or appropriate.

**pain management consultation and treat:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The current request is supported. As the clinical documentation submitted for review evidences the patient is status post a work related injury sustained in 05/2012 with multiple bodily injury pain complaints without resolve of her symptomatology, the current request is indicated. The provider documents the patient presents with pain complaints about the lumbar spine, bilateral knees, and bilateral hands. The California MTUS/ACOEM Guidelines indicate the goal of such an evaluation is in fact functional recovery and return to work. Given the above, the request for referral for pain management consultation and treat is medically necessary and appropriate.