

<b>Case Number:</b>	CM13-0033848		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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. 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 58-year-old female who reported a work related injury on 03/24/2010, the specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: lumbar spine sprain/strain and lumbar facet arthropathy of the L4-5, L5-S1. The clinical note dated 12/27/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with complaints of pain about the right knee. The provider documented physical exam of the patient revealed an antalgic gait to the right lower extremity. The patient had crepitus with range of motion of the right knee. There was weakness to the right knee extension and flexion. There was decreased range of motion of the lumbosacral spine. The provider documented that the patient's symptoms have persisted in spite of conservative treatment and recommended the patient undergo a viscosupplement gel injection as well as continue acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 1x/week x 6 weeks to the lumbar and right knee:** 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 Page(s): 99.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to show evidence of when the patient last utilized supervised therapeutic intervention for her lumbar spine or right knee pain complaints, and the efficacy of treatment. As California MTUS indicates, to allow for fading treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine, an independent home exercise program would be indicated at this point in the patient's treatment. Given all the above, the request for physical therapy 1 time per week for 6 weeks to the lumbar and right knee is not medically necessary or appropriate.