

<b>Case Number:</b>	CM13-0035284		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presents with low back pain and bilateral knee pain following a work-related injury on April 13, 2012. The pain and low back is described as radiating to the left lower extremity. The pain is exacerbated by activities of heavy lifting, bending and twisting in her back, pushing or pulling. The right knee pain is exacerbated by increased activities of kneeling, squatting, crawling, climbing stairs and ladders, standing and walking. The left knee pain is exacerbated by the same type of activities. The physical exam was significant for antalgic gait favoring the left lower extremity, tenderness to palpation about the lumbar spine in the midline lumbosacral L5-S1 region, inability to squat, rising in a slow manner, well-healed 18 cm surgical scar over the left knee, mild joint effusion about the left knee, diffuse tenderness to palpation of the left knee with tenderness to palpation about the patella tendon on the right knee, crepitus with patellofemoral compression testing of the right knee, hamstring tightness bilaterally, and decreased motor strength grade 4-5 with extension of the left knee. The claimant was diagnosed with lumbosacral spine sprain/strain due to overcompensation, lumbar spine facet arthropathy L3-S1, degenerative disc disease at L5-S1 per radiographs of May 19, 2013, right knee sprain/strain secondary to overcompensation, left knee status post total knee arthroplasty August 2012, left knee arthrofibrosis and postoperative stiffness status post manipulation under anesthesia on October 17, 2012, and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A set of 12 sessions of physical therapy for lumbar spine and right knee: Upheld**

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

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

**Decision rationale:** 12 sessions of physical therapy for lumbar spine and right knee is not medically necessary. Page 99 of CA MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records do not document prior physical therapy and the length of time. There is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize her benefit with physical therapy. Therefore, the request is not medically necessary.