

<b>Case Number:</b>	CM13-0040089		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management 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:

This is a 37 year-old female CPR instructor employed by [REDACTED] who sustained an industrial injury to her neck, back, and head on 4/19/13 that resulted from being struck by rocks thrown by a child. [REDACTED] family practice was treating the patient for headache, cognitive deficits, knee contusion, vertigo, insomnia, muscle spasm, face/scalp/neck contusion, concussion without coma, swelling in the head/neck, sensory problems with limbs, contusion of the upper limb, and contusion of the lower limb. The patient has undergone a 6 month course of treatment for cognitive deficits, headaches, back, left knee and right leg, and ankle complaints, which has included medications, activity restrictions, physical therapy, and other modalities, as well as extensive diagnostic testing that has included electrodiagnostic studies showing denervation of left L5-S1, and MRI imaging which was negative for nerve root impingement. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired, and is unable to return to work. 9/24/13- [REDACTED] progress note- identifies completion of 18 sessions of physical therapy with reports that the patient subjectively has somewhat improved since treatment with objective findings for improved left knee range of motion with increased flexion from 15 to 40 degrees from 8/9/13 compared to 9/20/13, with reports that the patient is able to walk on a more heel/toe gait pattern. Overall assessment is noted that the patient is much improved demonstrating by improved knee flexion with all activities, however, there is still significant residual hypertonicity in the leg still limiting her abilities to ambulate with a normal gait pattern, resulting in severe restrictions for functional tasks. Recommendations are made for further therapy, to improve knee motion, functional tolerance to climbing and descending stairs, and return to full duty work without restrictions. 10/15/13- [REDACTED] /family practice- progress report- identifies prior diagnostic studies including MRI of the knee which was negative, MRI of the brain with normal,

MRI of the cervical spine was normal, EMG/NCS of the lower extremity showed denervation of the left L5 and S 1 nerve roots to lumbar radiculopathy, and MRI lumbar spine was normal; subjective complaints of continued leg pain but improved; reports the patient is still falling with last fall was 10 days ago; pending orthopedic appointment in two days for the knee; reports vertigo is better with only one fall while she was home; reports [REDACTED] thinks sciatic nerve was bruised and would not necessarily show on lumbar MRI imaging findings, and recommended she should see [REDACTED] as well as obtain neuropsychological testing which is currently pending; ankle foot orthosis was denied; reports ankle, thumb, and wrist are better; using gelcast for the ankle; continues to have poor ability to care for her own needs at home. Comorbidities include asthma, high blood pressure, ADHD, and hyperthyroidism. Current medications include hydrocodone/ APAP, ibuprofen, baclofen, Cymbalta, Esgic, gabapentin, hydrochlorothiazide, meclizine, Accolate, benzapril, cyproheptadine, cyclobenzaprine, Protonix, Norco, trazadone, Xopenex, Qvar, and nabumetone. Objective findings include swelling and tenseness to the right occiput; bruising to the lateral left knee with tenderness; decreased left knee range of motion with slight improvement inability to dorsiflex the left foot with residual hypertonicity of her left calf that is minimally improved; fasciculations of the left quadriceps and calf; decreased sensation to the toes and dorsum of the left foot; positive Babinski; tenderness to the right wrist and thumb as well as ankle. Diagnostic impression noted headache, cognitive deficits, knee contusion, vertigo, insomnia, was muscle spasm, face/scalp/neck contusion, concussion without coma, knee contusion, swelling in the head

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy, twice weekly for 3 weeks, left knee, wrist, right thumb/hand, right ankle, Qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (web: updated 6/7/13), MTUS/California Medical Treatment Utilization Schedule (7/18/09) Section: 9792.20 (f) and ODG Forearm, wrist and hand (web: updated 5/8/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Manual therapy Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Knee joint complaints.

**Decision rationale:** CA-MTUS (Effective July 18, 2009) /ACOEM (2004) chapter 13, guidelines in page 337 to 338 state "Instruction in home exercise. Except in cases of significant injury, patients with knee problems can be advised to do early straight-leg raising and active range-of-motion exercises, especially bicycling, as tolerated. The emphasis is on closed-chain exercises and muscle re-training. Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. The clinician or therapist should teach the patient rehabilitation programs for knee problems. Also in page 58 of the CA-MTUS guidelines, Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the

treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. This type of physical therapy is not recommended for the knee joint." The ODG provides limited support for patients suspected of knee sprain and internal derangement of the knee for up to 9 visits over 8 weeks. These guidelines also indicate that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy; and that when treatment duration and/or number of visits exceeds the guideline recommendations, that the requesting physician should document the exceptional factors that justify treatment outside of guideline criteria. (2) The CA-MTUS guidelines note that any treatment intervention should not be continued in the absence of functional benefit or improvement as defined in the MTUS as (i) a reduction in work restrictions; or (ii) an increase in activity tolerance; and/or (ii) a reduction in the use of medications or medical services. (3) Similar recommendations are made for physical therapy in treatment of upper extremity injuries. (4) The medical records submitted for review identified ongoing complaints of impairment of left lower extremity and knee function secondary to neurological dysfunction of nerves or nerve roots of the left lower extremity associated with the industrial injury and residual complaints of pain and tenderness to the right thumb, and right wrist 6 months post injury despite completion of 18 sessions of physical therapy which is reported to be somewhat beneficial as demonstrated by improved knee motion and tolerance to activities, with a request for an additional 6 sessions of physical therapy for the left knee, wrist, right thumb and hand,