

<b>Case Number:</b>	CM13-0045993		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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:

This is a 42-year-old gentleman with a date of injury of 11/17/05. The patient is a [REDACTED] officer with injury to the low back, elbows, and knees. Mechanism of injury is not disclosed in the submitted reports. The patient has had extensive prior care for these body parts, including left knee arthroscopy in 2007 and right knee arthroscopy in 2012. While the patient has MRI with multilevel degenerative disc disease and a left L5 radiculopathy, he has not surgery for the lumbar spine. The patient was determined to have reached maximal medical improvement as of 8/02/12 with final diagnoses of s/p bilateral knee arthroscopy, s/p Synvisc One to bilateral knees, post-op left Deep vein thrombosis (DVT) s/p Coumadin therapy, and left L5 radiculopathy. Future medical includes medications, physiotherapy, orthopedic re-evaluation and injections. In August of 2013, the patient began having increased symptoms of pain at the knees, and Synvisc One was requested again, but there appears to have been denials for this in Utilization Review (UR). The patient is noted to have had an increase in low back pain around the same time, and referral was made to a pain specialist who recommended 12 sessions of Physical Therapy (PT) prior to consideration of interventions. This was submitted to Utilization Review on 11/05/13, and 6 of the 12 requested PT sessions were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 12 PHYSICAL THERAPY SESSIONS FOR TREATMENT OF THE LUMBAR SPINE:

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PHYSICAL MEDICINE TREATMENT

**Decision rationale:** Guidelines recommend 8-12 sessions of Physical Therapy (PT) for this type of lumbar diagnosis, but it should be noted that this patient is permanent and stationary. The patient presents in follow-up with a flare-up of symptoms, and an initial course of 6 PT were recommended by Utilization Review to address the flare, with additional PT possibly considered depending on response. An initial 6 sessions of treatment is standard of care and supported by guidelines for an initial clinical trial. There was no medical necessity for certification of PT for 12 sessions for the lumbar spine.