

<b>Case Number:</b>	CM13-0061635		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old male with an injury date on 03/18/2010. Based on the 11/12/2013 progress report provided by [REDACTED], patient presents with lower back pain that rates as 8/10, right and left knee pain rated as 8/10. The listed diagnosis are: 1. Status post right knee meniscus .medial and lateral decompression arthroscopy 2. Status post left knee surgery 3. Low back syndrome 4. Lumbar disc disease with protrusion of 3-mrn at 14-15 and 3-mrn at L5-S1 5. Left knee medial meniscus tear 6. Left knee lateral meniscus tear 7. Left knee derangement 8. Rule out right knee internal derangement MRI of the left knee dated 01/19/2013 reveals Grade I-II degenerative signal in the menisci with a tear of the posterior horn of the lateral meniscus extending to the inferior articular surface and small joint effusion in the suprapatellar bursa and small amount of fluid in the popliteal bursa. The patient had right knee surgery in August 2012, left knee surgery around January 2013, and left knee cortisone injection subsequently with only temporary relief. [REDACTED] is requesting physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral knees. The utilization review determination being challenged is dated 11/27/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2013 to 11/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (4) WEEKS FOR THE LUMBAR SPINE AND BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), and (ODG) Official Disability Guidelines/Integrated Treatment Guidelines- Disability Duration Guidelines (DDG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Physical Medicine Page(s): 8, 98-99.

**Decision rationale:** Based on 11/12/2013 report by [REDACTED], this patient presents with lower back pain rated at 8/10, right and left knee pain as 8/10. "The patient also complains of clicking, popping, locking, weakness, and giving out of both knees, right greater than left. The treating physician requested for physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral knees." This patient is outside of post-surgical time-frame and for therapy treatments, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, the type of condition this patient suffers from. Review of the reports indicates that the patient has had adequate post-operative therapy without much improvement and the patient continues to experience 8/10 pain. The patient continues to receive treatments including cortisone injection into the left knee and two Epidural Steroid Injections for the lumbar spine. The treating physician does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. Given that the patient already had adequate therapy following the patient's knee surgery, the request is not medically necessary and appropriate.