

<b>Case Number:</b>	CM13-0067441		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 42-year-old female who was injured on 10/14/2009. The patient tripped over a garbage can and fell on the right knee and then fell at home down the stairs and suffered a sequential ankle injury. Her diagnoses are chronic low back pain and right knee pain. Prior treatment history has included surgery on the right knee June 2010 and 10/05/2012 and right wrist surgery in 2008. A follow-up visit dated 12/23/2013 did not document subjective complaints. On exam, the patient's gait was antalgic. The patient ambulated into the room without any assistance. The patient is diagnosed with lumbar disc displacement without myelopathy and pain in joint lower leg. The patient presents with chronic low back and right knee pain. The patient is status post lumbar radiofrequency ablation procedure in September 2013 and her pain level is returning back to baseline. She defers any invasive treatments and would like conservative treatment. She does report the medications help with pain and function. A visit note dated 11/25/2013, reports that on Friday of last week, she did aggravate her low back pain when she was lifting a box. She has been icing her low back pain and utilizing medications, which helps to reduce some pain and allow for better function. Physical findings on exam revealed significant tenderness to palpation over the lumbosacral junction on the right side. Range of motion of lumbar spine is decreased by 70% with flexion; 80% with extension; and 50% with rotation to the right and 30% to the left. There is a request for physical therapy for lumbar spine and for the right knee. It is hopeful that the patient will be able to strengthen and rehabilitate and allow her to stay at full duty work. A visit note dated 12/13/2013, reports that the patient presents with complaints of lower back and right knee pain. She rates her pain as 6-7/10 and it has gradually been increasing due to the colder weather. She continues to work full time and she is able to generally tolerate this well. She continues to utilize medications with benefit

and improved function. The treating provider requested twelve (12) sessions of physical therapy for the lumbar spine and right knee between 12/02/2013 and 01/06/2014.

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

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

#### **TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE AND LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The Chronic Pain Guidelines recommend physical medicine for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. The recommended treatment frequency is (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The patient is documented to have a recurrence of pain in the lumbar spine with a decrease in range of motion. There is no documentation as to the level of knee function, such as range of motion, and strength. She was working and there was no contraindication to a home exercise program. Based on the lack of documentation establishing the need for active therapy of the knee and the excessive amount of requested treatments for the lumbar spine, medical necessity for the requested services were not established. The request for twelve (12) sessions exceeds the guideline recommendation. The requested treatments are not medically necessary.