

<b>Case Number:</b>	CM13-0069977		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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:

The injured worker is a 56 year old male with reported injury on 09/30/2010. The mechanism of injury is related to repetitive use while at work. The clinical note dated 11/11/2013 documented physical therapy and chiropractic care after initial injury, with "temporary relief". The injured worker reported pain and stiffness of the cervical spine, with pain at 8/10. Pain in the lumbar spine radiated to lower extremities with pain at 8/10. The injured worker also reported pain in knees, ankles and feet at 6/10. According to patient he has history of x-rays, MRI's and an EMG in 2011; those records are not available for review at this time. The injured worker also reports anxiety, stress and depression related to the chronic pain. The medications listed on the clinical note dated 05/10/2013, list his medication regimen as Naproxen, Voltaren XR, Prilosec, Protonix, Zanaflex, Flexeril, Norflex, Tylenol, Norco 10, Lortab, Fiorcet, Ultracet, Neurontin, Keflex and Sonata. The injured workers cervical spine range of motion flexion, extension, and rotation were measured at normal. The injured workers motor strength was 5/5. The range of motion in the lumbar spine was decreased, with flexion at 45 degrees and extension at 10 degrees. The injured worker had a positive McMurray's test on the left knee. The request for authorization for physical therapy 2xwk x 6wks cervical/lumbar spine/bilateral knee was submitted on 12/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 2WKS CERVICAL/LUMBAR SPINE/BILATERAL KNEE:** 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.

**Decision rationale:** The request for physical therapy 2xwk x 6wks cervical/lumbar spine/bilateral knee is not medically necessary. According to the California MTUS guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling to improve the rate of healing in soft tissue injuries and during the rehabilitation process. The use of active treatment modalities instead of passive treatments is associated with better clinical outcomes. The clinical documentation provided does not provide adequate information regarding previous physical therapy. There is a lack of documentation as it relates to number of physical therapy visits, type of modalities and whether there was an increase in functional status. Furthermore, there is a lack of documented functional deficits in all of the requested areas to support formal physical therapy at this time. Therefore, the request for physical therapy 2xwk x 6wks cervical/lumbar spine/bilateral knee is not medically necessary.