

<b>Case Number:</b>	CM14-0005898		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/13/1997
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 & 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 patient is a 40-year-old female who has submitted a claim for low back pain and left knee pain, associated with an industrial injury date of November 13, 1997. Medical records from 2002 through 2014 were reviewed. The latest progress report, dated 08/22/2013, showed residual low back pain, burning pain in the left thigh, and left knee pain. There was locking, popping and instability of the left knee. Physical examination revealed spasm, tenderness and guarding of the paravertebral muscles of the lumbar spine with decreased range of motion. Well-healed incisions were noted over the lumbar spine and the left knee. Treatment to date has included left L5-S1 microdecompression (04/12/2013), multiple knee surgeries 5x, unspecified number of post-operative physical therapy sessions to the lumbar spine, and medications. Utilization review from 12/20/2013 denied the request for physical therapy 3x/week x 4 weeks, lumbar spine and left knee because the current guidelines do not recommend its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES 4 FOR LUMBAR SPINE AND LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, CA MTUS Postsurgical Treatment Guidelines states that physical therapy for 16 sessions over 8 weeks is recommended for status-post lumbar discectomy/laminectomy. In this case, patient had L5-S1 microdecompression, dated 04/12/2013, and attended an unspecified number of post-op physical therapy sessions since 06/13/2013. However, there is no clear documentation of functional improvement derived from the previous sessions attended. As for the left knee, a progress report, dated 07/11/2013, showed persistent left knee pain despite the multiple surgeries done. It was associated with locking, popping, and instability. The rationale for physical therapy of the left knee is to reduce pain, increase range of motion, and functioning. Physical therapy may be necessary to restore functional activities involving the left knee. However, the simultaneous request of physical therapy to the lumbar spine has been deemed not medically necessary. Therefore, the request for physical therapy 3x/week x 4 weeks for the lumbar spine and left knee is not medically necessary.