

<b>Case Number:</b>	CM14-0013172		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery, is licensed to practice in Pennsylvania. 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 claimant is a 55-year-old female who fell on the kitchen floor and injured her right knee in a work related accident on 03/04/13. The records provided for review documented current treatment for the low back and hip. The Utilization Review of 01/29/14 recommended certification for right knee arthroscopy and postoperative use of physical therapy for 12 sessions. This review is to determine the medical necessity for a "cold unit" for a non-documented period of time. The claimant's last clinical assessment of 12/26/13 also indicated ongoing complaints of low back pain. Examination was noted to show limited lumbar range of motion, tenderness to palpation over the paravertebral muscle, and no documented motor sensory reflexive change on examination. The report of an MRI of the low back dated 11/01/13 identified multilevel degenerative changes, facet hypertrophy with foraminal narrowing, and broad based disc protrusions at L3-4, L4-5 and L5-S1. It was noted that the claimant had already undergone a recent course of lumbar physical therapy. There were recommendations for continuation of physical therapy for 12 additional sessions in the chronic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR PHYSICAL THERAPY 2X6:** 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:** California MTUS Chronic Pain Medical Treatment Guidelines would not support 12 additional sessions of lumbar physical therapy. In the chronic setting, physical therapy can be recommended for acute symptomatic flare, but typically only up to nine to ten sessions for a diagnosis of myalgias or myositis is recommended. The request for 12 sessions of physical therapy would exceed the Chronic Pain Guideline criteria in the chronic setting. This recommendation is also taking into account that this individual has had a recent course of physical therapy for the lumbar spine. Request is not medically necessary.