

<b>Case Number:</b>	CM14-0017913		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 patient is a 26-year-old female who was injured on 11/04/2013 while bending over lifting a 30-pound box, resulting in low back pain without radiation to the lower extremities. The prior treatment history has included physical therapy. Her medications include the following: 1. Ibuprofen 2. Ketoprofen 3. Norflex 4. Orudis The diagnostic studies reviewed include an x-ray of the left knee dated 12/09/201, which revealed that there is diffuse soft tissue swelling seen over the knee; however, no acute fractures or subluxations are identified at this time. There is minimal narrowing of the joint space medially. An x-ray of the right knee dated 12/09/2013, revealed that there is diffuse soft tissue swelling seen over the knee; however, no acute fractures or subluxations are identified at this time. There is minimal narrowing of the joint space medially. The lumbar spine x-ray reveals that there is levoscoliosis of the spine. No acute fractures are suggests at this time. There is minimal anterior spurring of the vertebrae in the thoracolumbar junction. The progress report (PR-2) dated 12/13/2013, documented the patient with complaints of low back pain and bilateral knee pain with associated occasional popping. She thinks the knee pain has no specific injury and is caused by repetitive use. The patient denies fall or blunt trauma. The objective findings on exam reveal range of motion to be: flexion 65 degrees, extension 20 degrees, side bending 25 degrees, and rotation 45 degrees. There was 1-2+ tenderness to palpation, and L5-S1 with paraspinal muscle spasm. The lower extremities neurovascular is intact. The bilateral knee functional range of motion (FROM) included: flexion 130 degrees, extension 180 degrees, external rotation 10 degrees, and internal rotation 10 degrees and decreased. There was 1+ tenderness to palpation in the lateral joint line with varus/valgus laxity. The assessment showed: 1. Bilateral knee strain 2. Lumbar strain The treatment plan included: Physical therapy, which has been scheduled three (3) times a week for one (1) week, and Ketoprofen 75 mg, #21. The PR-2 dated 12/23/2013, documented the patient with

complaints of still having the same pain. There was no physical therapy as of yet, and fifteen (15) lbs is too heavy. The patient is working light duty. The objective findings revealed no gross abnormality. There was flexion to 75 degrees with pain, mild; Extension 25 degrees, rotation 45 degrees bilaterally; Motor/sensory within normal limits; and Antalgic gait. The assessment showed: 1. Bilateral knee strain 2. Lumbar strain The treatment plan included: Start physical therapy as scheduled. She may take ibuprofen. Physical therapy has been scheduled three (3) times a week for one (1) week.

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

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

#### **ADDITIONAL PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR ONE (1) WEEK FOR A LUMBAR STRAIN AND BILATERAL KNEE STRAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PREFACE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS LOW BACK COMPLAINTS (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 3) PAGE 298-299, AND 337-338. The Expert Reviewer also based his/her decision on the Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE AND CHRONIC), PHYSICAL THERAPY (PT) AND KNEE & LEG (ACUTE AND CHRONIC), PHYSICAL THERAPY (PT).

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that one to two (1-2) visits of physical therapy is recommended for education, counseling, and evaluation of home exercise for range of motion and strengthening. In this case, this patient complaints of lower back and bilateral knee pain. The patient was diagnosed with lumbar strain and bilateral knee strain. The request is for additional physical therapy visits three (3) times a week for one (1) week of for lumbar and bilateral knee. The Official Disability Guidelines indicate that ten (10) visits over eight (8) weeks are allowed for lumbar strain and twelve (12) visits over eight (8) weeks are allowed for knee strain. This patient has a prior trial of physical therapy; however, there are no progress reports available indicating the patient's response to the prior physical therapy treatment. Also, the number of physical therapy visits so far completed is unknown. The progress report dated 12/24/2013 indicates no gross abnormality in the lumbar spine other than flexion 75° with pain, extension 25°, and rotation 45°. There was normal lower extremity motor/sensory and normal gait. It is unclear why the patient cannot be transitioned to a home exercise program to address the remaining deficits. Based on the all of the above reasons, the request for additional physical therapy three (3) times a week for one (1) week for lumbar strain and bilateral knee strain is not medically necessary and is non-certified.