

<b>Case Number:</b>	CM14-0111385		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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, has a subspecialty in Interventional Spine and Pain Management 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:

This patient is a 57 year old male with an injury date of 03/26/14. Based on the 05/07/14 progress report by [REDACTED] also a Qualified Medical Examiner, this patient had a new injury to his left knee at work on 3/26/14," with worsening lower back and left leg pain. This patient also complains of worsening "numbness and tingling in his right thigh." Right thigh exam of this patient by [REDACTED], reveals "the gluteus medius area is tender to palpation." Diagnoses for this patient are: 1. Lumbar Radiculopathy. 2. Sleep Disturbance Not Otherwise Specified. 3. Psychosexual Disorder Not Otherwise Specified. 4. Esophageal Reflux. The 06/10/14 status report by [REDACTED] was for the contusion of the left knee with modified work activity that this patient should be "sitting 100%." The utilization review being challenged is dated 06/17/14. The request is for physical therapy x 12 sessions pre-surgery left knee. The requesting provider is [REDACTED] and he provided various progress reports from 05/07/14 to 07/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x12 sessions pre-surgery left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Work Loss Data Institute.

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

**Decision rationale:** This patient presents with pain of the left knee. The provider requests Physical Therapy x 12 sessions pre-surgery left knee. MTUS guidelines, pages 98-99, allows for 8-10 Physical Therapy visits for unspecific neuralgia, neuritis, and radiculitis. In this case, the request for 12 sessions exceeds the recommended 8-10 allowed by MTUS guidelines for this type of condition. The provider also does not discuss what treatment the patient recently had. 4/21/14 reports indicates "recheck" visit with the therapist and no other discussions are provided. A short course up to 10 sessions may be reasonable given the patient's new injury with worsening function and pain. However, the requested 12 sessions exceeds what is allowed by MTUS guidelines and therefore, this request is not medically necessary.