MAXIMUS Federal Services

| Case Number: | CM14-0151220 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 06/15/2013 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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 Internal Medicine 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 38-year-old man who reported an industrial injury on June 15, 2013. The IW fell backwards off a ladder. The sustained injuries were not documented in the medical record. The IW underwent a right knee arthroscopy on January 28, 2014. Treatment has included medications and 15 physical therapy session. The IW continues to complain of persistent right knee pain. Pursuant to the progress note dated August 13, 2014, the IW complained of persistent left knee pain, locking and buckling with pain rated 7-8/10. Physical examination revealed gait mildly antalgic, he had good functional active range of motion (ARM) of the lumbar spine, 5/5 and intact sensation of the lower extremities, 3+ and equal deep tendon reflexes in the lower extremities; sensation intact. Left knee AROM -8 to 112, right knee AROM 0-120; stable to valgus and varus stress, negative Lachman's, and pivot shift test. There is left knee medial joint tenderness to palpation and no effusion noted to either knee. Repeat MRI dated August 1, 2014 reports no change from prior study. Diagnoses include: Left knee meniscus tear, s/p arthroscopy January 28, 2014; sprain lumbar region; and sprain of right knee and leg (nos). Current medications include: Naprosyn 500mg, and Norco 10/325mg. The provider indicates that despite PT for the injured worker's back and knee, and despite surgery to the left knee. There is no improvement; in fact the pain is worse.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy: 1x/week for 8 weeks (lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 - 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy one time a week for eight weeks (lumbar spine) is not medically necessary. The guidelines set forth the criteria for physical therapy: for lumbar sprains and strains- physical therapy frequency and duration is 10 visits over eight weeks. In this case, the injured worker is a 38-year-old who fell backward off a latter. The documentation/discussion revolves around the right knee. Patient underwent a right knee arthroscopy followed by post procedural physical therapy. The progress note documentation in the medical record includes recurrent subjective and objective complaints referable to the affected knee(s). A progress note review from April 24, 2014, June 19, 2014 and July 8, 2014 shows subjective complaints referable to the knee with no discussion about the lower back. The physical examinations were restricted to the affected knee. There were no physical findings referring to the lower back/lumbar spine. There were no objective physical deficits specific to the lower/lumbar spine that warranted physical therapy. The injured worker had good functional, active range of motion of the lumbar spine. Subjective complaints alone are not an indication for additional physical therapy as it is unlikely to result in any new functional benefit. The injured worker may partake in a home exercise program. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy lumbar spine one session per week for eight weeks is not medically necessary.