

<b>Case Number:</b>	CM14-0151304		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old female with an injury date of 04/20/2010. According to the 07/16/2014 progress report, the patient complains of having continued pain in the cervical spine, lumbar spine, and bilateral knees. She also has cramping sensations in the arms and legs, with a giving away sensation in the knees. She has a positive straight leg raise at 75 degrees bilaterally. There is paraspinal tenderness with paraspinal spasms noted. Examination of the cervical spine revealed that the patient has restricted range of motion as well as a positive foramina compression test and positive Spurling's test. In regards to the right knee, the patient has a positive McMurray's test and positive medial/lateral joint line tenderness. The left knee also had a positive McMurray's test, positive Apley's test and positive medial/lateral joint line tenderness. Both knees had positive chondromalacia patella compression tests. The patient's diagnoses include the following: 1. Herniated cervical disk at C5-C6 and C6-C7 with positive MRI with radiculopathy/radiculitis; 2. Herniated lumbar disk, L5-S1 with positive MRI with radiculopathy/radiculitis; 3. Left knee sprain/strain with internal derangement, positive MRI; 4. Strain/sprain with internal derangement, right knee; 5. Strain/sprain, right shoulder, rule out tendinitis, impingement, cuff tear; 6. Strain/sprain, left shoulder, rule out tendinitis, impingement, cuff tear; 7. Strain/sprain, right hand, rule out carpal tunnel syndrome; 8. Strain/sprain, left hand, rule out tendinitis, carpal tunnel syndrome; 9. Diabetes mellitus; 10. Rheumatoid arthritis; 11. Symptoms of anxiety and depression. The utilization review determination being challenged is dated 08/19/2014. Treatment reports were provided from 05/14/2013 - 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy Bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the 07/16/2014 progress report, the patient complains of having cervical spine pain, lumbar spine pain, and bilateral knee pain. The request is for 2 x 6 physical therapy for the bilateral knees. There are no discussions provided in regards to if the patient has previously had any physical therapy sessions, when the sessions took place, or the impact these sessions had on the patient. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The treating physician does not explain why the patient needs a total of 12 sessions of physical therapy. The total requested of 12 sessions exceeds what is allowed by MTUS. Recommendation is that the request is not medically necessary.

**Physical therapy cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the 07/16/2014 progress report, the patient complains of having cervical spine pain, lumbar spine pain, and bilateral knee pain. The request is for physical therapy of the cervical spine 2x6. There are no discussions provided in regards to if the patient previously had any physical therapy sessions, when the sessions took place, or the impact these sessions had on the patient. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The treating physician does not explain why the patient needs a total of 12 sessions of physical therapy for the cervical spine. The total request of 12 sessions exceeds what is allowed by MTUS. Recommendation is that the request is not medically necessary.

**Physical Therapy Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the 07/16/2014 progress report, the patient complains of having pain in the cervical spine, lumbar spine, and bilateral knees. The request is for physical therapy of the lumbar spine 2x6. There are no discussions provided in regards to if the patient previously had any therapy sessions, if these sessions helped the patient, or when the sessions took place. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The treating physician does not explain why the patient needs a total of 12 sessions of physical therapy. The total requested 12 sessions of therapy exceeds what is allowed by MTUS. Recommendation is that the request is not medically necessary.