

<b>Case Number:</b>	CM14-0171152		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Pain 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's original date of injury was November 20, 2012. This patient has low back pain, bilateral knee pain, and left ankle pain. The industrially related diagnoses include chronic lumbar strain, left knee strain, right knee posttraumatic osteoarthritis, chronic left ankle strain, and there is documentation of a history of right total the arthroplasty. According to a progress note on September 22, 2014, the patient continues to have chronic pain and she is participating in a home exercise program. There is an attempt to wean off the cane. The requesting provider specifies that the prolonged recovery of her right knee injury has contributed to the chronic strain affecting the lumbar spine, left knee, and left ankle. There is a statement that a qualified medical evaluator has seen the patient and determined that the low back, left knee, and left ankle pain are subsequent to her original industrial incident involving the right knee. Therefore a request for 12 sessions of physical therapy to these areas is requested and this is the disputed request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x 6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to a progress note on September 22, 2014, the patient continues to have chronic pain and she is participating in a home exercise program. There is an attempt to wean off the cane. The requesting provider specifies that the prolonged recovery of her right knee injury has contributed to the chronic strain affecting the lumbar spine, left knee, and left ankle. There is a statement that a qualified medical evaluator has seen the patient and determined that the low back, left knee, and left ankle pain are subsequent to her original industrial incident involving the right knee. Therefore a request for 12 sessions of physical therapy to these areas is requested and there is documentation by the requesting provider that the patient "has never had treatment" to these affected areas. As the industrial relatedness of these body regions has been established through QME, it is appropriate to have conservative care including PT to these body regions.