

<b>Case Number:</b>	CM14-0176177		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational 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:

This is a 47-year-old female with a 7/29/13 date of injury. According to a progress report dated 10/3/14, the patient complained of bilateral low back pain and discomfort and left knee pain and discomfort. Objective findings: tenderness to palpation of lumbar paraspinals, full range of motion of lumbar spine, tenderness of left knee medial joint line, full left knee range of motion. Diagnostic impression: lumbar muscle strain, bursitis of left pes anserinus bursa. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 10/14/14 denied the request for physical therapy. The claimant has received 20 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2 x 3-4 (6 visits total) to the left knee and lumbar spine:** Upheld

**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 Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114; Official Disability Guidelines (ODG): Low Back Chapter - Physical Therapy; Knee Chapter - Physical Therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, according to the UR decision dated 10/14/14, the patient has already completed 20 physical therapy sessions. Guidelines support up to 12 visits over 8 weeks for knee sprains and 10 visits over 8 weeks for lumbar sprains. She has already exceeded the guideline recommended number of visits. In addition, the most recent progress report noted that the patient had full range of motion of her lower back and left knee. It is unclear why the patient requires additional supervised therapy at this time and has been unable to transition to an independent home exercise program. Therefore, the request for Physical therapy 1-2 x 3-4 (6 visits total) to the left knee and lumbar spine was not medically necessary.