

<b>Case Number:</b>	CM14-0176197		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/29/2014
<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:

The claimant was injured on 09/22/06 and 08/22/08. PT for 8 visits is under review. He injured his knees and low back. On 06/16/14, he had multiple complaints but was again doing home exercises. Therapy was ordered twice a week for 6 weeks. It is not clear what body part was to be treated. He was also doing home exercises on 06/30/14. On that date, physical therapy was ordered for 8 visits for the right knee to include gait retraining and modalities. He was also being seen for internal medicine and psychiatric follow-up which were recommended to continue. On 07/28/14, he reported ongoing neck pain radiating into the upper extremities and hands and low back pain radiating down the lower extremities and to the feet. He also had rib pain and cramping of the lower extremities. He was engaged in a home exercise program. EMG/NCV testing of the upper and lower extremities was pending. He was evaluated on 09/22/14 and had pain in the right more than the left knee with prolonged walking. He also had pain in the lower back with decreased range of motion and standing or walking tolerance. His pain had not significantly changed since 08/22/14. His right knee pain was 5-6/10, left knee 6-7/10 and lumbar spine of 5/10, 9/10 at its worse. He had limitations in sitting, standing, bending, and lifting and repetitive use. He had an antalgic gait. He was not using any assistive devices for ambulation. He had hypertonicity of the lumbar spine paraspinals and quadratus lumborum. Right and left knee active range of motion showed flexion of 133/137 respectively and extension 0 bilaterally. He had mild to moderate weakness and range of motion was flexion 34, extension 11, bilateral sidebending 20, right rotation 32 and left rotation 31 and gross strength was mildly to moderately decreased. He reported pain in all planes of active range of motion of the lumbar spine. There are multiple positive orthopedic maneuvers. He also had tenderness about the bilateral knee patellar tendons and medial and lateral joint lines. He is status post knee arthroscopy and lumbar herniated nucleus pulposus and degeneration of the lumbar intervertebral

disc. PT was ordered. He had 3 visits of postoperative physical therapy for the right knee and reported that therapy was helping. He had arthroscopic surgery to the right knee on 06/28/13. PT was ordered for instruction in an independent exercise program and strengthening. He had physical therapy with undocumented sessions. He was expected to continue his therapy at home. He has had other medical problems also.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy two x per week x four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 8 visits of Physical Therapy (PT) for unknown body parts and indications. The claimant has attended PT for his injury and the results of the rehab are unknown. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that the claimant has been involved in a home exercise program. There is no clinical information that warrants an additional course of PT for an extended period of time for the claimant's chronic complaints. It is not clear what body parts he is exercising at home or what change is needed in his exercise program. There is no evidence that the claimant is unable to complete his rehab with the independent HEP he is already doing and no indication that additional instruction in home exercises is likely to be more beneficial than the program he is already doing at home. The medical necessity of the additional 8 visits of physical therapy (2 x 4 weeks) has not been clearly demonstrated.