

<b>Case Number:</b>	CM14-0029657		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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:

This is a 72-year-old female patient who sustained an industrial injury on 07/03/2007 to the right knee and low back. Mechanism of injury occurred while working at the light rail station when she saw a pedestrian cross the rail tracks and fall down onto the tracks. She notified the station to put a hold on the train so she could help extract the pedestrian from the tracks, and in the process, she reached forward and pulled the pedestrian. Afterwards she felt sore for the next 3-4 days. She continues to complain of low back and right knee pain. Records indicate that on 01/17/14 the patient was authorized for 6 physical therapy visits. An additional 6 sessions of physical therapy (PT) for the right knee and low back was non-certified on 03/06/14, noting records provide no evidence the patient attended any or all of the PT visits that were authorized on 01/17/14, and medical guidelines recommend a limited amount of PT for musculoskeletal injuries with transition to a home exercise program. On 10/8/13, the patient underwent injection of the right pes anserine bursiti and right popliteal bursitis. On 02/24/14, the patient presented reporting she uses Tylenol No. 2 with Lidoderm 5% and Solarase 2%, the combination of which gives her relief. It was noted that PT was prescribed in the previous year; however, the patient had setbacks in her personal life which made it difficult for her to schedule physical therapy. She was asking for an extension. Patient is still at full duty status. She is having difficulty with prolonged standing, walking, and sitting in a low-seated chair. On physical examination, straight leg raise was to 90 with referral to the lower extremities. Range of motion was full in all directions with mild pain. Motor strength was 5/5 to the bilateral lower extremities. There was mild right sciatic notch tenderness, as well as left more than right L5-S1 tenderness. The right knee revealed moderate pain over the right medial joint line with edema. She had a positive bowstring sign over the popliteal surface. Extension was 0, flexion 130. She has an antalgic gait and is slow from sitting to standing. Diagnoses were right chondromalacia, lumbar disc injury,

right hip degenerative joint disease, and right knee degenerative joint disease and popliteal bursitis. Treatment plan was to continue medication along with additional physical therapy sessions.

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

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

#### **ADDITIONAL PHYSICAL THERAPY X 6 SESSIONS, RIGHT KNEE/LOW BACK:**

Upheld

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

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

**Decision rationale:** The MTUS cites that "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 patient has a chronic injury from 2007 and has previously completed physical therapy, having most recently been authorized for 6 sessions of physical therapy on 01/17/14. There was no description provided indicating that the patient completed the 6 authorized sessions, nor was there any description of response to said treatment. Documentation does not describe any musculoskeletal deficits that could not be addressed within the context of an independent home exercise program yet would be expected to improve with formal supervised therapy. Given the lack of documentation indicating the patient has completed the previously authorized 6 sessions of physical therapy, no response to prior treatment described, and minimal objective findings on examination, an additional 6 sessions of physical therapy to the right knee/low back is not medically necessary or appropriate.