

<b>Case Number:</b>	CM14-0031350		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 is a 37-year-old male who reported an injury on 10/18/2012 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/04/2013 for a comprehensive orthopedic evaluation and treatment. The injured worker reported pain in his neck traveling to his arms with numbness and tingling and frequent headaches. The injured worker also reported low back pain traveling to his legs and feet with episodes of numbness and tingling in his legs and feet. The exam noted palpable tenderness of the trapezius musculature and paraspinal musculature as well as the rhomboids and the cervical spine. The cervical spine range of motion was noted to be at 20 degrees extension, 60 degrees right rotation, 70 degrees left rotation, bending 15 degrees bilaterally for the lateral tilt. The deep tendon reflexes for the biceps, triceps and brachioradialis were noted to be trace bilaterally. The lumbar spine exam noted the injured worker stood with a marked pes planus. The exam also noted thoracic kyphosis with marked spasm of the paravertebral muscles with the left significantly worse than the right. The lumbar spine range of motion was noted to be at 10 degrees extension, 20 degrees bilaterally for the lateral tilt. The diagnoses included contusion of therapy left leg and thigh, low back pain and a hematoma of the thigh. The treatment plan included an MRI of the lumbar spine and continued course of physical therapy. The request for authorization and rationale were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 8 SESSIONS FOR THE LEFT KNEE AND LUMBAR SPINE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303, 341-343, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

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

**Decision rationale:** The request for physical therapy 8 sessions for the left knee and lumbar spine is not medically necessary. The California MTUS Guidelines state that therapy can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was a lack of evidence of the efficacy of prior therapy. Furthermore, there's an indication that the injured worker has been receiving physical therapy 3 times a week for 5 to 6 months. The guidelines further recommend a total of 9 to 10 visits over 8 weeks. The request for a total of 8 visits in addition to the previous visits received would exceed the recommended number of visits. Therefore, the request is not medically necessary.