

<b>Case Number:</b>	CM14-0032373		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 55 year-old male with the date of injury of 08/15/2012. The patient presents with pain in his neck, shoulders, arms, and lower back. The patient presents full range of neck motion with mild pain, and limited range of lumbar motion with mild to moderate pain. The patient presents tenderness over paraspinal muscles. According to [REDACTED] report on 02/11/2014, diagnostic impressions are: 1) Industrial injury to the bilateral knees on 01/15/1982 through 08/15/2012, while employed by the [REDACTED]; 2) S/P left knee arthroscopy on 10/18/2012 and right knee arthroscopy on 11/11/2012; 3) S/P aspiration of the left knee with 50 cc of serosanguineous fluid on 11/11/2012; 4) S/P AME with [REDACTED] in December 2012 and July 2013; 5) S/P AME with [REDACTED] on 07/15/2013 stating maximal medical improvement statue with permanent work restrictions; 6) S/P Synvise One for the right knee on July 2013 and 12/17/2013; 7) S/P Synvise One for the left knee on 07/30/2013; 8) Kenalog for the left knee on 12/17/2013. None of the reports mention the patient's cervical and lumbar diagnosis. The utilization review determination being challenged is dated on 02/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/2013 to 05/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (two visits per week for four weeks (quantity 8), cervical spine, lumbar spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines (Lumbar)

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

**Decision rationale:** The patient presents with pain and weakness of neck and lower back. The request is for 8 sessions of physical therapy for the cervical and lumbar spine. MTUS guidelines recommend 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions of therapy for myalgia, and myositis, unspecified. The utilization review letter from 02/20/2014 indicates that the patient had failed conservative treatments including physical therapy. In this case, the treater has asked for therapy but does not indicate why therapy is needed at this point. Prior treatments have failed and there is no explanation as to why therapy can be helpful now. There is no description of any specific functional recent decline requiring therapy. Therefore, the request is not medically necessary.