

<b>Case Number:</b>	CM14-0049978		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 45 year-old patient sustained an injury on 10/20/09 while employed by [REDACTED]. Request(s) under consideration include 4 Additional Physical Therapy visits to the right knee, as an out-patient. MRI of the lumbar spine showed multi-level 2 mm disc herniation without significant canal and neural foraminal stenosis. Report of 3/11/14 from the chiropractic provider noted the patient was re-evaluated by the AME on 1/13/14. The patient has been deemed permanent and stationary with future medical care provision for physical therapy for lumbar spine flare-ups with consideration for injections and surgery to the knees that may require possible left TKA; otherwise, the patient's chronic ongoing pain symptoms have remained unchanged. The patient's subjective complaints included ongoing pain in the shoulders, knees, and low back. Exam from the provider showed lumbar spine SLR negative; bilateral positive Kemp test/Milgram's/ and Valsalva; decreased sensory over L5 dermatome on left. Request(s) for 4 Additional Physical Therapy visits to the right knee, as an out-patient was non-certified on 4/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Additional Physical Therapy visits to the right knee, as an out-patient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Work Loss Fata Institute LLC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** This 45 year-old patient sustained an injury on 10/20/09 while employed by [REDACTED]. Request(s) under consideration include 4 Additional Physical Therapy visits to the right knee, as an out-patient. An MRI of the lumbar spine showed multi-level 2 mm disc herniation without significant canal and neural foraminal stenosis. Report of 3/11/14 from the chiropractic provider noted the patient was re-evaluated by the AME on 1/13/14. The patient has been deemed permanent and stationary with future medical care provision for physical therapy for lumbar spine flare-ups with consideration for injections and surgery to the knees that may require possible left TKA; otherwise, the patient's chronic ongoing pain symptoms have remained unchanged. The patient's subjective complaints included ongoing pain in the shoulders, knees, and low back. Exam from the provider showed lumbar spine SLR negative; bilateral positive Kemp test/Milgram's/ and Valsalva; decreased sensory over L5 dermatome on left. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 4 Additional Physical Therapy visits to the right knee, as an out-patient is not medically necessary and appropriate.