

<b>Case Number:</b>	CM14-0053986		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 52 year old employee with date of injury of 12/23/2013. Medical records indicate the patient is undergoing treatment for a sprained knee/leg; she was struck by a moving object and assault by other specified means. Subjective complaints include pain in her knee which she rates 6/10. She reported no pain (0/10) after a cortisone injection on 12/2013 however; her range of motion (ROM) did not change. She has back pain and admits to a history of degenerative disk disease (DDD) and her back pain is a 5/10 on a regular basis. On exam, she reported her back pain is 8/10. Objective findings include altered gait but gait shows no evidence of antalgia. On the left knee, there is lateral joint tenderness but no crepitus. The patient has tenderness in the lateral aspect. No muscle atrophy was noted. The patient's back shows no deformity or tenderness. The range of motion (ROM) is normal and pain at terminal flexion. Treatment has consisted of knee brace for support; cortisone injection, Naproxen, Lantus, Metformin, Lisinopril, Aspirin, Biotin, EyePromise, PT and home exercises. The utilization review determination was rendered on 4/9/2014 recommending non-certification of Physical Therapy x 8 Lumbar Spine, Physical Therapy x 8 Left Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, 8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states, "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted ". The patient has had previous physical therapy sessions but the treating physician has not documented functional improvement and a decrease in pain from these sessions. In addition, the treating physician has not documented why a home exercise program is not sufficient and why physical therapy sessions are needed at this time. As such the request for Physical Therapy x 8 Lumbar Spine is not medically necessary at this time.

**Physical Therapy x 8 Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". The patient has had previous physical therapy sessions but the treating physician has not documented functional improvement and a decrease in pain from these sessions. In addition, the treating physician has not documented why a home exercise program is not sufficient and why physical therapy sessions are needed at this time. As such, the request for Physical Therapy x 8 Left Knee is not medically necessary at this time.

