

<b>Case Number:</b>	CM14-0065469		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 41 year old with an injury date on 3/20/13. Patient complains of continued lower back pain shooting into left thigh and into big toe of left foot with associated numbness per 4/9/14 report. Patient also has popping/locking/instability of bilateral knees, worse on the left per 4/9/14 report. Patient must be careful with NSAIDs due to history of gastric issues, is taking Gabapentin, and despite having the option for lumbar injections and knee surgeries, prefers to continue with conservative treatment per 4/9/14 report. Based on the 4/9/14 progress report provided by [REDACTED], the diagnoses are: 1. lumbosacral radiculopathy 2. knee tend/burs 3. plantar fasciitis Exam on 4/9/14 showed patient ambulates with antalgic gait. Spasm and tenderness in paravertebrals with decreased range of motion. Decreased sensation noted over L5 dermatome on left side today. Tenderness to palpation of medial/lateral joint line and patellar crepitus noted with flexion/extension of bilateral knees. The exam had no findings for the shoulder. [REDACTED] is requesting physiotherapy 2x4 to the bilateral knees, left foot, left leg, lumbar spine. The utilization review determination being challenged is dated 4/16/14 and rejects request due to lack of functional improvement from 26 prior physical therapy sessions. [REDACTED] is the requesting provider, and he provided a single treatment report from 4/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2x4 to bilateral knees, left foot, left leg, lumbar spine: Upheld**

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

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

**Decision rationale:** This patient presents with lower back pain, left lower extremity pain, and bilateral knee pain. The treating physician has asked for physiotherapy 2x4 to the bilateral knees, left foot, left leg, lumbar spine on 4/9/14 to reduce pain and increase range of motion and functioning. Review of the report shows no recent therapy treatment history but only one progress report has been provided for this review. The treating physician does not provide treatment history but the utilization review letter mentions that the patient has had 26 sessions of therapy thus far. Given that the patient's injury is from 3/20/13, it would appear that the patient has had adequate therapy thus far. The treating physician must monitor the patient's progress and make appropriate recommendations per MTUS page 8. Therefore, the request physiotherapy 2x4 to bilateral knees, left foot, left leg, lumbar spine is not medically necessary.