

<b>Case Number:</b>	CM14-0084637		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 injured worker is a 55-year-old male who reported an injury when he fell from the back of a truck on 02/25/2014. On 05/06/2014, his diagnoses included lumbar degenerative disc disease with early spondylosis, lumbar spine sprain/strain, right knee quadriceps rupture with surgical tendon repair on 04/24/2012, right knee status post chondroplasty and debridement of the lateral meniscus on 07/11/2013 and left ankle sprain/strain. His complaints included constant pain to the mid and low back radiating to the neck and upper back with numbness and tingling. He also reported intermittent pain in his right quadriceps muscle and constant pain in his right knee. The report stated that he had completed 11 sessions of physical therapy and the 12th and final sessions was to have been completed a few days after that note was written. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/13/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits for the lumbar spine and right knee between 5/22/2014 and 7/6/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back-Lumbar & Thoracic; Knee & Leg, Physical Therapy, ODG Preface.

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

**Decision rationale:** The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The guidelines for postsurgical treatment of sprains and strains of the knee and leg are 24 visits over 16 weeks. Recommendations for postsurgical therapy regard the initial course of therapy as one half the number of visits specified in the general course of therapy for the specific surgery. This worker had already completed 12 sessions of physical therapy. There was no indication of him continuing a home exercise program. The request for an additional 12 sessions of physical therapy exceeds the recommendations in the guidelines. Therefore, this request for 12 physical therapy visits for the lumbar spine and right knee between 05/22/2014 and 07/06/2014 are not medically necessary.