

<b>Case Number:</b>	CM14-0092429		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 is a 52-year-old female with a 4/20/10 date of injury; the mechanism of the injury was not described. The patient underwent right total knee arthroscopy on 9/18/13. The physical therapy (PT) notes were handwritten and somewhat illegible and stated that the patient accomplished 12 PT sessions for the knee on 2/11/14. The patient was seen on 4/25/14 with complaints of 8/10 constant radicular low back pain radiating into the right leg with numbness, weakness and paresthesia's. The patient was attending PT and was using ice and Tylenol for her pain. Exam findings revealed 2+ paralumbar spasms with tenderness to palpation on the right and positive straight leg raising test at 40 degrees on the right. The range of motion of the lumbar spine was limited secondary to pain, sensation to light touch was decreased in the right lower extremity and lower extremity deep tendon reflexes were absent at the ankles. The diagnosis is lumbar discopathy, status post right total knee arthroplasty, and right S1 radiculopathy. Treatment to date: physical therapy, work restrictions, medications, and cold patch. An adverse determination was received on 5/23/14. The request for PT 2x6 for the lumbar spine was modified to 2 sessions of PT. The determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, two (2) times weekly for six (6) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Suffering, and the Restoration of Function Chapter (page 114)

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The UR decision dated 5/23/14 certified 2 sessions of PT for the lumbar spine. The progress notes indicated that the patient accomplished 12 sessions of PT for her right knee. It is not clear, if and how many sessions of PT for the lumbar spine were accomplished by the patient. There is no rationale with clearly specified goals with the requested treatment. Therefore, the request for Physical therapy for the lumbar spine, two (2) times weekly for six (6) weeks was not medically necessary.