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| <b>Case Number:</b>   | CM13-0060089 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 06/08/1995 |
| <b>Decision Date:</b> | 01/07/2015   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2013 |

### 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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of June 8, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; earlier total knee arthroplasty; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 13, 2013, the claims administrator partially approved a request for eight sessions of physical therapy and two sessions of the same. The claims administrator stated that its decision was based on a progress report and RFA form dated November 7, 2013. In a November 4, 2013 progress note, the applicant reported ongoing complaints of low back pain status post earlier SI joint injection and multilevel lumbar epidural steroid injection. The attending provider stated that he would seek authorization for repeat epidural steroid injection on an as-needed basis and/or consider spinal cord stimulation versus an interferential stimulator at a later point in time. The applicant work status was not furnished. On May 13, 2013, the applicant concurrently received L3-L4 and left-sided sacroiliac joints injections. In a progress note dated November 5, 2013, the applicant reported persistent complaints of low back pain with residual weakness in the legs status post total knee replacement surgery. The applicant was retired. Well-preserved knee range of motion was noted, although the applicant complained of difficulty with squatting and negotiating stairs. Eight sessions of physical therapy were sought so as to ameliorate the applicant's ability to negotiate stairs. On August 11, 2013, the applicant was again described as ongoing complaints of low back and bilateral knee pain. The applicant apparently had weakness about the left quadriceps and again stated that she was unable to negotiate stairs. The applicant was retired, it was stated. On September 17, 2013, the attending provider stated that the applicant had tried to ameliorate her residual lower extremity weakness on her own and had been unsuccessful.

Formal physical therapy was therefore sought. Multiple progress notes interspersed throughout 2013 were reviewed and did make allusion to the applicant's having gait derangement and/or weakness about the left leg. Of note, no physical therapy progress notes were on file in 2013, implying that the applicant had not had physical therapy treatment in 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE BILATERAL KNEES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The eight-session course of treatment proposed does conform to the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the operating diagnosis here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, endorse active therapy and active modalities in the chronic pain phase of the claim. Here, the attending provider has posited that the applicant has issues with gait derangement and weakness following earlier total knee arthroplasty surgery, which the applicant is unable to rectify of her own accord. Thus, the applicant does have a clearly stated, clearly outlined, feasible goal to be achieved with the eight sessions of physical therapy at issue. Therefore, the request is medically necessary.