

<b>Case Number:</b>	CM14-0148462		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female sustained a work related injury on 06/05/2012. According to a progress report dated 05/21/2014, subjective complaints included low back pain with left greater than right lower extremity symptoms. Pain was rated 7 on a scale of 1-10. Cervical pain was associated with left greater than right upper extremity symptoms and was rated 5. Left shoulder pain and left knee pain was rated 5. Diagnoses included degenerative disc disease L1-2, left knee lateral meniscus tear with subluxation of patella, cervical pain with upper extremity symptoms, left shoulder pain and headache (trauma to head with injury). Treatment plan included: continue with request for additional physical therapy left knee at 2 times per week for 4 weeks; recall 8 sessions physical therapy facilitates diminution in pain and improved tolerance to activity and improved range of motion. The provider also noted recall small tear lateral meniscus and subluxation of patella. According to a progress report dated 06/11/2014, the treatment plans included continue with request for additional physical therapy left knee at 2 times per week for 4 weeks. The provider noted that the emphasis was on active therapy including range of motion and strengthening and that the injured worker remained relatively deconditioned provided physical major work duties. Also noted was, the statement; anticipate further advancement in disability status. Included in the records submitted for review was a prescription dated 07/01/2014 for physical therapy left knee at 2 x 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional outpatient physical therapy for the left knee, 2 sessions per week for 4 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98,99, of 127.

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

**Decision rationale:** The 39 year old patient complains of low back pain with lower extremity symptoms, rated at 6/10, cervical pain with upper extremity symptoms, rated at 5/10, left shoulder pain, rated at 5/10, and left knee pain, rated at 5/10, as per progress report dated 06/11/14. The request is for 8 ADDITIONAL OUTPATIENT PHYSICAL THERAPY FOR THE LEFT KNEE, 2 SESSIONS PER WEEK FOR 4 WEEKS. The RFA for the case is dated 07/01/14, and the patient's date of injury is 06/05/12. Diagnoses, as per progress report 06/11/14, included lumbar spondylosis at L1-2, left knee lateral meniscus tear with subluxation of patella, cervical pain, left shoulder pain, and headache. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with 'myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed.' In this case, the patient has already completed 8 sessions of physical therapy, as per progress report dated 05/21/14. The treating physician states that PT "facilitates diminution in pain and improved tolerance to activity and improved range of motion." MTUS, however, supports only 8 - 10 sessions of PT in non-operative cases. Hence, the request IS NOT medically necessary.