

<b>Case Number:</b>	CM14-0186180		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 58 year old with an injury date on 8/4/08. Patient complains of low lumbar pain rated 7/10 at rest, 10/10 with activity, bilateral knee pain rated 3-4 on the right, 5-6 on the left per 8/15/14 report. Patient has radiating symptoms down left leg to her foot, with new complaints of numbness/diminished sensation over lateral aspect of left thigh, calf and left foot per 8/15/14 report. Patient also complains of ongoing depression due to pain, not working, and also has difficulty sleeping per 8/15/14 report. Based on the 8/15/14 progress report provided by the treating physician, the diagnoses are: s/p left knee arthroscopy, chondroplasty, grade 4 chondromalacia, extensive of the medial femoral condyle and patella, 6/27/13 secondary to osteoarthritis; s/p right total knee replacement, November 2009, [REDACTED], for right knee osteoarthritis; s/p right knee arthroscopy October 2008 and July 2009; right knee industrial claim, August 4 2008 standing up from a sitting position; left knee degenerative changes without meniscal tears; lower back pain secondary to altered gait, found industrial, per the AME; s/p fall on March 6 2014 with flare up of lower back, bilateral knee, and right shoulder pain; and flare-up of lower back condition 2/22/14. Exam on 8/15/14 showed "L-spine range of motion is limited, with forward bend at 40 degrees. Left knee range of motion reduced, at 0-90 degrees with pain." Right knee range of motion is full per 7/18/14 report. Patient's treatment history includes multiple knee surgeries (right knee replacement from 2009). The treating physician is requesting lumbar spine 2 times a week for 6 weeks. The utilization review determination being challenged is dated 10/31/14 and modifies request to 4 physical therapy sessions. The requesting physician provided treatment reports from 6/26/14 to 8/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine 2 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** This patient presents with back pain, bilateral knee pain. The treater has asked for lumbar spine 2 times a week for 6 weeks on 8/15/14. Review of the reports does not show any evidence of physical therapy being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient complains of new sensory deficiency in lateral aspect of left thigh, calf, and foot. A course of 8-10 physical therapies would seem reasonable for patient's worsening low back/left lower extremity condition, but the requested 12 sessions exceed what is allowed by MTUS for this type of condition. Therefore, the request is not medically necessary.