

<b>Case Number:</b>	CM14-0205528		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational 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:

Patient is a 60 year-old male with date of injury 09/15/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/21/2014, lists subjective complaints as pain in the neck, low back, and bilateral upper and lower extremities. Objective findings: Cervical spine: Mild tenderness bilaterally in the base of the cervical spine and trapezii. Range of motion was restricted in all planes with pain. Sensation was intact in all upper extremities. Lumbar spine: Tenderness from the thoracolumbar spine down to the base of the pelvis. Range of motion was restricted with pain. Negative straight leg raise bilaterally. No gross motor weakness for bilateral lower extremities. Sensation was intact. Left knee: Patellar tracking was abnormal. Patellar grind maneuver was positive. Tenderness to palpation in the medial and lateral aspects with very severe swelling. Decreased range of motion. Diagnosis: 1. Cervical discopathy 2. L5-S1 degenerative disc disease and bulging 3. Status post bilateral carpal tunnel release and right trigger finger release 4. Left knee osteoarthritis and internal derangement 5. Status post left knee arthroscopy 6. Right knee pain 7. Chronic pain syndrome 8. Obesity. It was noted in the records supplied for review that the patient has completed sessions of both physical and aqua therapy, but specific dates and frequency were not provided. He has also been doing a home exercise regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 12 for Cervical/Lumbar Spine, Bilateral Wrists/Hands/Knees and Elbows:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This patient's injury is nearly 15 years old and well past the point where therapeutic exercise or activity will be beneficial. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Physical Therapy times 12 for Cervical/Lumbar Spine, Bilateral Wrists/Hands/Knees and Elbows is not medically necessary.

**Knee Specialist Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329,343-344, 345.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Knee Specialist Referral is not medically necessary.