

<b>Case Number:</b>	CM14-0209862		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 61-year-old male who has submitted a claim for left L5 radiculopathy, left ankle talofibular tear with tenosynovitis, and status post left knee arthroscopy associated with an industrial injury date of 1/3/2013. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity rated 8-9/10 in severity. He had difficulty in standing, walking and driving for long periods. Physical examination of the lumbar spine showed painful and limited motion, positive Yeomann's test, positive Patrick's FABERE, and antalgic gait. The MRI of the lumbar spine, dated 11/12/2014, demonstrated a 2-3 mm disc bulge at L4-L5 with facet arthropathy. There was a loss of disc height with moderate facet arthropathy at L5-S1. Treatment to date has included left knee arthroscopy with medial unicompartamental arthroplasty, femoral groove chondroplasty, partial lateral meniscectomy and intra-articular injection of 4/7/2014, chiropractic care, 24 post-operative physical therapy sessions of the left knee, home exercise program and medications. The utilization review from 11/24/2014 denied the request for pain management follow-up because the patient had received a consultation certification prior however reports were not submitted for review; and denied physical therapy, 2 times a week for 4 weeks; 8 sessions because of no objective functional improvement from previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week for 4 weeks; 8 sessions:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient complained of low back pain radiating to the left lower extremity rated 8-9/10 in severity. He had difficulty in standing, walking and driving for long periods. Physical examination of the lumbar spine showed painful and limited motion, positive Yeomann's test, positive Patrick's FABERE, and antalgic gait. The MRI of the lumbar spine, dated 11/12/2014, demonstrated a 2-3 mm disc bulge at L4-L5 with facet arthropathy. There was a loss of disc height with moderate facet arthropathy at L5-S1. There is no prior physical therapy directed to the lumbar spine based on the medical records submitted for review. The medical necessity to initiate physical therapy to the lumbar spine has been established. However, the present request as submitted failed to specify body part to be treated. The patient likewise complained of left knee and left ankle pain hence clarification of intended treatment area is essential. The request is incomplete; therefore, the request for physical therapy, 2 times a week for 4 weeks; 8 sessions is not medically necessary.

**Pain management follow up; consult:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, records submitted indicate that the patient had a prior consultation to a pain management specialist. However, the official report is not submitted for review. The medical necessity for a follow-up visit has not been established due to insufficient information. Therefore, the request for pain management follow up; consult is not medically necessary.

