

<b>Case Number:</b>	CM15-0003821		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona  
 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:

The injured worker is a 51-year-old male who reported an injury on 03/25/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of joint effusion, horizontal tear extending from the posterior horn to the anterior horn of the lateral meniscus, anterior cruciate ligament graft, mild femoral tibial osteoarthritic changes, chondromalacia of the patella, lateral patellar tilt, and baker's cyst. Past medical treatment consists of surgery, 14 completed sessions of physical therapy, and medication therapy. On 12/04/2014, the injured worker underwent an MRI of the lumbar spine which revealed at the level of L5-S1, a 4 mm left foraminal disc protrusion resulting in abutment of the exiting left L5 nerve root with narrowing of the left neural foramen. There was also a 2 mm middling disc protrusion with minimal abutment of the descending S1 nerve roots bilaterally. On 12/02/2014, the injured worker underwent an MRI of the cervical spine which revealed a 3 mm midline disc protrusion with a mild degree of central canal narrowing at C3-4. At C4-5, there was a 3 mm left foraminal disc osteophyte complex with abutment of the exiting left cervical nerve root. On 12/11/2014, the injured worker complained of intermittent right knee pain and low back pain. Physical examination noted that the cervical spine had tenderness to palpation about the paracervical musculature. There was restricted range of motion due to complaints of pain. There was muscle spasm noted. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature. There was muscle spasm noted. There was restricted range of motion in all fields. There was a positive straight leg raise test bilaterally at 45 degrees. It was noted there was decreased sensation of L4-5 on the right. Examination of the right knee revealed

a positive drawer, pivot shift, and McMurray's tests. The treatment plan is for the injured worker to have additional physical therapy, 2 times a week for 4 weeks for the neck and low back. The rationale was not submitted for review. The Request for Authorization Form was submitted on 12/03/2014.

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

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

**Physical Therapy 2x4 for the neck, low back:** Upheld

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

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

**Decision rationale:** The request for physical therapy 2x4 for the neck, low back is not medically necessary. The California MTUS 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. Active therapy requires and internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was submitted documentation indicating that the injured worker had completed 14 prior physical therapy sessions. However, the efficacy of the prior sessions was not submitted for review. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy that have already been completed exceed the guideline recommendations. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Given the above, it is not indicated how the injured worker would not benefit from a home exercise program versus additional physical therapy. Given that there were no other significant factors provided to justify the use outside of current guidelines, a request would not be indicated. As such, the request is not medically necessary.