

<b>Case Number:</b>	CM15-0008279		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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

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 injured worker is a 46 year old female, who sustained an industrial injury on 5/24/2014. The diagnoses have included unspecified internal derangement of knee, lumbosacral neuritis, sprain of lumbar region, sprain of ankle, sprain of knee and leg and sprain of wrist. Treatment to date has included physical therapy and pain medications. According to the Primary Treating Physician's Progress Report from 11/19/2014, the injured worker complained of persistent low back pain with occasional numbness and tingling from her low back down into her left leg. This increased with prolonged standing and walking. She also complained of on-going left knee pain, which was aggravated with prolonged sitting, standing, walking and ascending and descending stairs. The pain caused her to walk with a limp. Physical exam revealed decreased lumbar spine range of motion with paravertebral tenderness and spasm. Left knee range of motion was painful. The physician plan was for the injured worker to continue physical therapy directed to the lumbar spine and left knee. Work status was temporarily totally disabled. The results of physical therapy were not documented. On 1/2/2015, Utilization Review (UR) non-certified a request for physical therapy twice a week for six weeks to lumbar spine and left knee, noting that the injured worker had adequate physical therapy for this chronic condition and there was no significant objective improvement from the physical therapy documented. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 lumbar spine and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

**Decision rationale:** Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. However, even with goal directed physical therapy for neuralgia, neuritis or radiculitis the resultant benefit should be apparent by the 10 sessions recommended in the MTUS. This patient has been to physical therapy in the past with no documented improvement in function. Further use of the same modality doesn't make sense. Medical necessity has not been established.