

<b>Case Number:</b>	CM15-0103199		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male who sustained a work related injury June 28, 2014. According to a treating physician's progress notes, dated May 4, 2015, the injured worker presented with lower back pain and right knee pain with radiation to the legs and associated weakness. He also complains of constant, moderate right arm pain. He had received a lumbar epidural steroid injection November 2014, that helped for a week and then the pain became worse and now is experiencing numbness along the outer lateral aspect of the right leg. He can walk a half block with a cane before having to stop due to pain. On physical examination, there is tenderness to palpation over the bilateral lumbar paraspinal muscles, positive straight leg raise test on the right in a seated and supine position to 45 degrees. Examination of the hip revealed point tenderness to palpation over the greater trochanter on the right consistent with trochanteric bursitis. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Diagnoses are; displacement of lumbar intervertebral disc without myelopathy; tear of the medial cartilage or meniscus of the knee; abnormality of gait. Treatment plan included medications and awaiting a response for previously requested right knee brace, orthopedic surgeon consultation, right knee, and a walking cane. At issue, the request for authorization for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 physical therapy visits for the low back and right knee: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back and Knee Chapters, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request would exceed the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.