

<b>Case Number:</b>	CM15-0104943		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/08/2002
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 66 year old female who sustained an industrial injury on 6/8/02. The mechanism of injury is unclear. She currently complains of chronic left knee pain (6-7/10); low back (8/10) and right knee pain due to altered gait. On physical exam the left knee reveals tenderness to medial and lateral joint lines with limited range of motion and crepitus noted; the right knee shows lateral knee swelling; there was moderate tenderness to palpation to the lumbar paraspinal muscles. Medications are Tramadol, Cymbalta and Celebrex. The urine drug screen form 3/6/14 was consistent with prescribed medications. She is able to perform activities of daily living with medications. Diagnoses include chronic right knee pain, status post arthroscopy (2/25/10); chronic left knee pain, secondary to degenerative joint disease; lumbar strain due to altered gait; depression and anxiety related to chronic pain. Treatments to date include medications; physical therapy to the left knee with benefit; transcutaneous electrical nerve stimulator unit with 90% effect. Diagnostics include x-ray right knee (4/15/13) unremarkable; x-ray right knee (9/26/12) shows mild medial joint space narrowing and cemented total knee prosthesis in good alignment without evidence of loosening; MRI left knee (2/13/15) shows left knee osteoarthritis and degenerative type tears to the lateral meniscus. In the progress noted dated 4/28/15 the treating provider's plan of care includes a request for physical therapy X 8 additional sessions for left knee pain control, strengthening and mobility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Physical Therapy Lumbar 8 sessions: Overturned**

**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:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The request meets guideline recommendations and therefore is medically necessary.