

<b>Case Number:</b>	CM15-0138085		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 30 year old male, who sustained an industrial injury on 9/29/14. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy; lumbosacral radiculopathy; knee fracture; meniscal tear lateral and medial; anterior cruciate ligament sprain/strain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right knee (10/9/14); EMG/NCV study bilateral upper extremities (1/21/15); EMG/NCV study bilateral lower extremities (2/18/15); MRI cervical spine (1/14/15); MRI lumbar spine (1/14/15). Currently, the PR-2 notes dated 5/26/15 indicated the injured worker presents as a follow-up visit from previous 4/13/15 visit. He continues physiotherapy for the right knee. He states he has an exacerbation of the lumbar spine pain with reduction of his capacity. He states he would like to obtain sessions of physiotherapy directed to the lumbar spine in order to learn similar exercise program which was provided for his knee. On physical examination the provider notes continued spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. The right knee has patellar crepitus on flexion and extension with medial joint line tenderness. His treatment plan is to request physical therapy for the lumbar spine similar to his right knee therapy as this was of benefit with improvement of function and instruction for home exercise program which he is using to continue on his own. A MRI of the lumbar spine dated 1/14/15 impression notes minimal disc bulge and mild bilateral facet hypertrophy at the L5-S1 resulting in mild bilateral neural foraminal narrowing. He is working at this time and declines surgical intervention for his right knee and medical therapy as he feels he is well controlled with over-the-counter

medications. He will return to this office in six weeks. The provider is requesting authorization of physical therapy for the lumbar spine 12 sessions.

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

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

**Physical therapy for the lumbar spine, 12 sessions:** Upheld

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is the assertion by the claims administrator that the worker has been authorized 14 sessions of PT to date, yet there is no comprehensive summary of functional benefit gained from PT. Furthermore, the requesting provider states that the PT previously completed was applied to the knee but the current request is for the back. However, a PT progress note indicates that the therapy is directed to the lumbar spine as well as the knee. Therefore additional physical therapy is not medically necessary.