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| <b>Case Number:</b>   | CM15-0161521 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 06/28/2014 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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

### 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 was a 53-year-old male, who sustained an industrial injury, June 28, 2014. The injured worker previously received the following treatments Flurbiprofen, baclofen and Lidocaine cream, Norco, right knee MRI which showed an oblique tear of the body and posterior horn of the medial meniscus and medial bursitis, Norco, TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with cervical strain rule out herniation, lumbar strain, lumbar disc bulge, right lower extremity radicular pain and numbness and right knee strain with iliotibial band strain, medial bursitis or soft tissue ganglion formation of the right knee per MRI and right knee reagravation and rule out meniscus tear on June 3, 2015. According to progress note of June 6, 2015, the injured worker's chief complaint was lumbar spine and right knee pain. The injured worker rated the pain at 8 out of 10. The pain was described as constant and worsening. The pain radiated into the right leg. The injured worker took Norco 6 times daily, which helped the pain from 9-1 out of 10 down to a 6-7 out of 10. The pain was worse with activities. The physical exam noted the injured worker ambulated and moved around the examination room without difficulty. The examination of the lumbar spine noted tenderness with palpation. There was limitation with flexion, full extension and limited full flexion. There was positive McMurray's sign. The right knee gives out with ambulation. The treatment plan included physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents on 06/29/15 with lumbar spine and right knee pain rated 8/10. The patient's date of injury is 06/28/14. The request is for 12 physical therapy visits for the lumbar spine. The RFA was not provided. Physical examination dated 06/29/15 reveals tenderness to palpation of the lumbar spine and right knee, with mild swelling and positive McMurray's sign noted in the right knee. The patient is currently prescribed Norco and a compounded topical cream. Patient is not currently working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation provided does not clearly define how many physical therapy sessions this patient has had to date. MTUS guidelines support 8-10 physical therapy treatments for complaints of this nature. Were the request for 10 sessions of physical therapy, the recommendation would be for approval. However, the request for 12 treatments exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.