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| <b>Case Number:</b>   | CM15-0166260 |                              |            |
| <b>Date Assigned:</b> | 09/03/2015   | <b>Date of Injury:</b>       | 05/06/2013 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 07/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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: Massachusetts

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 63 year old female who sustained an industrial injury on 5-6-13. A review of the medical records indicates she is undergoing treatment for lumbar radiculopathy and bilateral knee torn menisci. Medical records (3-16-15 to 7-16-15) indicate the injured worker is status post bilateral arthroscopic surgery of both knees. The left knee surgery was 2-25-14 and the right 1-27-15. The 3-16-15 record indicates that she complained of low back pain and stated that her "bones hurt when she walked" and "if she lifts anything, she will have pain in her low back with radiation into her lower extremities". She also complained of pain in both shoulders with use, pain in both knees when aggravated by walking, numbness in her left arm after talking on the phone for a prolonged period of time, intermittent pain in her right thumb, and soreness in her neck. An examination was completed and she was noted to have pain with all motions in the lumbar spine. Range of motion of the lumbar spine revealed extension of 15, flexion of 50, lateral rotation right over left 25-25, and lateral bending right over left 25-25. The report states, "No spasms were detected in cervical, thoracic, or lumbar spine examination" (3-16-15). The 6-9-15 PR-2 indicates that the injured worker had completed "8 sessions of physical therapy, the rest were denied". The report was hand-written and much of it was illegible. The 7-16-15 PR-2 indicates that the injured worker was "attending therapy for lumbar spine" and "had 8 sessions of P.T. for right side only". She was noted to have "valgus waddling gait with minimal knee range of motion". The treatment recommendation was for home physical therapy for the knee and to continued low back physical therapy "2x3". The utilization review (7-24-15) indicates denial of the physical therapy, indicating that the "claimant is greater than one year post injury to multiple body parts, including her lumbar spine and as of 7-13-15, has completed 19 sessions of

physical therapy without objective evidence of functional improvement." The rationale also indicated that there is expectation "to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels".

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

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

**Additional physical therapy lumbar spine 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant sustained a work injury in May 2013. She underwent left knee arthroscopic surgery in February 2014 and right knee arthroscopic surgery in January 2015 with a partial medial meniscotomy, chondroplasty, and partial synovectomy. As of 07/13/15, she had completed 19 post-operative physical therapy treatments, which had included core muscle and postural exercises. When seen, the assessment references completion of only eight therapy's treatments. Physical examination findings included a waddling gait with minimal knee range of motion when ambulating. Range of motion was guarded. Authorization for an additional six physical therapy treatment sessions is being requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommendation including core muscle strengthening and there is no new injury to the lumbar spine. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.