

<b>Case Number:</b>	CM15-0186731		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 43-year-old male, who sustained an industrial injury on 06-19-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for closed head injury, neck pain, back pain, and bilateral knee pain. Medical records (06-19-2015 to 09-02-2015) indicate ongoing bilateral knee pain rated 10 out of 10 on a visual analog scale (VAS), low back pain rated 8 out of 10 and neck pain rated 5 out of 10. Progress reports did not directly address activities of daily living, activity levels, or level of functioning. Per the treating physician's progress report (PR), the IW was able to return to work with modified duties and restrictions of no repetitive bending or stooping. The physical exam, dated 09-02-2015, revealed severe decreased in range of motion with pain in both knees, and decreased range of motion in the lumbar spine. A previous exam (08-17-2015) revealed a normal and full weight-bearing gait, normal posture, no weakness of the lower extremities, normal lumbar lordosis, and no restriction in range of motion in the back; however, there was reported spasms and tenderness in the thoracolumbar spine. There were no changes from the previous exam dated 06-17-2015. Relevant treatments have included acupuncture, 6 sessions of physical therapy (PT) for neck and low back, work restrictions, and pain medications. The treating physician indicates that x-rays were taken of the lumbar spine showing severe degenerative disc disease at L5-S1 and moderate disease at L4-5; and x-rays of the bilateral knees showed severe osteoarthritis. The request for authorization (09-09-2015) shows that the following therapy and consultation were requested: 12 additional physical therapy for the lumbar spine, and a surgical consultation with sports medicine for bilateral knee replacement. The original utilization review (09-21-2015) non-certified the

request for 12 additional physical therapy for the lumbar spine, and a surgical consultation with sports medicine for bilateral knee replacement.

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

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

#### **Additional physical therapy for the lumbar spine (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury on 06/19/15 when he was involved in a motor vehicle accident. On 06/22/15 six sessions of physical therapy was requested. When seen, he was having low back pain rated at 8/10, neck pain rated at 9/10, and bilateral knee pain rated at 10/10. An x-ray of the knee had shown findings of severe osteoarthritis. Physical examination findings included severely decreased knee range of motion with pain. There was full cervical spine range of motion. He had decreased lumbar spine range of motion with a normal neurological examination. Authorization was requested for additional physical therapy and for surgical evaluation for bilateral total knee replacements. The claimant's body mass index is 44. As of 08/21/15, he had completed three of six physical therapy and two of six acupuncture treatment sessions for the lumbar spine. In terms of physical therapy for a thoracic or lumbar sprain / strain, guidelines recommend up to 10 treatment sessions over 5 weeks. The claimant has already had a partial course of physical therapy for this condition. 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. In this case, 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. The request is not considered medically necessary.

#### **Surgical consult with sports medicine for bilateral total knee replacement (TKR): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee joint replacement and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2 nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p12.

**Decision rationale:** The claimant sustained a work injury on 06/19/15 when he was involved in a motor vehicle accident. On 06/22/15 six sessions of physical therapy was requested. When seen, he was having low back pain rated at 8/10, neck pain rated at 9/10, and bilateral knee pain rated at 10/10. An x-ray of the knee had shown findings of severe osteoarthritis. Physical examination findings included severely decreased knee range of motion with pain. There was full cervical spine range of motion. He had decreased lumbar spine range of motion with a normal neurological examination. Authorization was requested for additional physical therapy and for surgical evaluation for bilateral total knee replacements. The claimant's body mass index is 44. As of 08/21/15, he had completed three of six physical therapy and two of six acupuncture treatment sessions for the lumbar spine. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's age and body mass index as well as the fact that he has not completed conservative treatments for his knees indicates that he does not meet the criteria for knee replacement surgery. Requesting a consultation for a surgery evaluation is not medically necessary.