

<b>Case Number:</b>	CM15-0189290		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 58 year old female, who sustained an industrial injury on 3-25-2014. She reported cumulative trauma type injuries to the neck, low back, lower extremities. Diagnoses include neck sprain-strain, lumbar sprain-strain, and meniscal tear of the left knee. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and acupuncture. Currently, she complained of ongoing pain in the neck, low back with radiation to the left leg, and left knee pain. She reported developing pain in the right knee. On 6-19-15, the physical examination documented no acute findings with the left knee. The plan of care included proceeding with left knee arthroscopy, scheduled for 8-7-15. The appeal requested authorization for physical therapy twice a week for three weeks, per the order dated 8-31-15. The Utilization Review dated 9-11-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Twice Weekly for 3 Weeks, Low Back QTY: 6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2014 and is being treated for injuries sustained when she slipped and fell on a bathroom floor. She has neck and low back pain with radiating symptoms and left knee pain. Extensive conservative treatments were provided including acupuncture, chiropractic care, and physical therapy for the low back has included 16 treatments including a home exercise program. She underwent left knee arthroscopic surgery with a meniscectomy on 07/29/15. On 08/10/15 a lumbar epidural steroid injection was performed. When seen, there was normal lumbar spine range of motion. There was no lumbar tenderness or muscle spasm. There was a normal lower extremity neurological examination. The claimant is being treated for chronic low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, however, there were no documented lumbar spine impairments and no specific therapeutic content was being requested. For this reason, the request is not medically necessary.