

<b>Case Number:</b>	CM15-0189591		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/13/2011
<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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old male who sustained an industrial injury on 07-13-2011. In the provider notes of 07-23-2015, the injured worker complains of pain in the back, bilateral hips, bilateral knees, bilateral ankles, and insomnia. The low back pain is in the middle of the back at the waist, the middle and bilateral sides of the sacroiliac and lumbar region with radiation to the bilateral buttocks, bilateral thighs, calves, and bilateral feet. The pain is described as continuous with a severity on a scale of 0-10 that is rated a 5. The pain is characterized as aching, sharp, stabbing, shooting and pulling accompanied by pins and needles, numbness and pressure. Walking, standing and repetitive movements can increase the pain to a level of 8-9. His hip pain is accompanied by clicking and popping, is continuous, and rated a 5. Walking on uneven ground, repetitive movements can increase the knee pain to an 8-9 on a scale of 0-10. The ankle pain is also continuous and rated at a level of five with occasional increase to 8-9 on a scale of 0-10 with walking and repetitive movements. Pain interferes with his ability to sleep well and stay asleep at night. On exam, the worker has tenderness to palpation over the bilateral sacroiliac joints, sciatic notches, iliac crests and gluteal muscles. There was palpable spasm in the bilateral gluteal muscles. Inspection notes swelling on the right hip and thigh and swelling of the bilateral knees. There is tenderness to palpation over the anterior posterior and lateral aspects of the knees with tenderness on palpation of the bilateral patellae, bilateral lateral femoral condyle, and bilateral lateral tibial condyle. There is swelling of the right ankle. The worker has undergone a course of physical therapy and exercises with some relief initially. He has been taking Motrin and aspirin. The worker was prescribed topical compounded medications of

Flurbi (NAP) cream, and Gabacyclotram. He was also prescribed Tramadol. Physical therapy treatments were also planned. A request for authorization was submitted for Physical therapy of the lumbar spine, left hip and bilateral knees, 3 times weekly for 4 weeks (12 sessions), Tramadol 50 mg Qty 60, 1 tab every 12 hrs as needed, Urine toxicology, Bilateral knee support, X-rays, bilateral knees, 3 views (AP, lateral and sunrise). A utilization review decision 09-11-2015 certified the Tramadol 50 mg #60, non-certified the Physical therapy of the lumbar spine, left hip and bilateral knees, 3 times weekly for 4 weeks (12 sessions), and certified Physical therapy of the lumbar spine, left hip and bilateral knees, 6 sessions. The utilization review certified the urine toxicology, certified the bilateral knee support, and certified the s-rays of bilateral knees, 3 views (AP, lateral and sunrise).

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

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

**Physical therapy, lumbar spine, left hip and bilateral knees, 3 times weekly for 4 weeks, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 98 of 127The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:- Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Some additional therapy might be appropriate, but, per the guidelines, not the amount requested here. This request for more skilled, monitored therapy is not medically necessary.