

<b>Case Number:</b>	CM15-0191052		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 33-year-old male who reported an industrial injury on 4-12-2015. His diagnoses, and or impressions, were noted to include: lumbar spine sprain-strain with radicular complaints; right hip strain; and right knee sprain-strain. No imaging studies were noted. Her treatments were noted to include: medication management; and a return to modified work duties, but noted to not have worked since 4-13-2015. The progress notes of 9-3-2015 reported: intermittent, moderate low back pain that radiated to the right hip and leg; intermittent, moderate right knee pain with buckling; and that magnetic resonance imaging studies of the right knee had already been done. The objective findings were noted to include: use of cane; the inability to fully squat; increased tone and tenderness, with spasms, about the para-lumbar musculature, tenderness at the midline thoraco-lumbar junction, over the lumbosacral facets, and over the right greater sciatic notch; decreased lumbar range-of-motion and positive right straight leg raise; positive Patrick Fabere's test and Sciatic Tenderness; right hip swelling with tenderness along the medial joint line and inferior pole of patella, and a significant decrease right hip range-of-motion and right knee flexion; and painful medial and lateral collateral ligament laxity. The physician's requests for treatment were noted to include the authorization for: magnetic resonance imaging of the lumbar spine to better assess the root of his complaints; and authorization for him to undergo physical therapy at a rate of 1 x per week for 4 weeks. The Request for Authorization, dated 9-9-2015, was noted for magnetic resonance imaging of the lumbar spine to better assess the root of his complaints; and physical therapy, 1 x a week x 4

weeks. The Utilization Review of 9-11-2015 non-certified the request for physical therapy, 1 x a week x 4 weeks, for the right knee, right hip and low back, and magnetic resonance imaging studies of the lumbar spine.

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

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

**Physical therapy 1 time a week for 4 weeks for the right knee, right hip and low back:**  
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:** This 33 year old male has complained of right knee pain and low back pain since date of injury 4/12/2015. He has been treated with physical therapy and medications. The current request is for physical therapy 1 time a week for 4 weeks for the right knee, right hip and low back. The available medical records state that the patient has had physical therapy thus far however; the number of physical therapy sessions to date and the objective response to the physical therapy sessions thus far is not adequately documented. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the MTUS guidelines cited above physical therapy 1 time a week for 4 weeks for the right knee, right hip and low back is not indicated as medically necessary.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 33 year old male has complained of right knee pain and low back pain since date of injury 4/12/2015. He has been treated with physical therapy and medications. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS, guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag,

symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.