

<b>Case Number:</b>	CM15-0193623		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/11/1994
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California

Certification(s)/Specialty: Emergency 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 63-year-old female who sustained an industrial injury on 12-11-1994. According to a progress report dated 09-08-2015, the injured worker reported left knee pain but her lower back pain was a little better than before. She was taking Meloxicam only as needed. Her left knee buckled with sudden pain on and off. Objective findings included tenderness at lumbosacral area. Left knee had mild crepitus. Assessment included lumbar degenerative disc disease, sciatica, chronic pain and internal derangement of the left knee. The treatment plan included physical therapy 2 times a week for 4 weeks. The provider noted that the injured worker needed and MRI of the left knee. She was to follow up in 2 months. On 09-24-2015, Utilization Review non-certified the request for physical therapy 2 times a week for 4 weeks lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks, lumbar:** Upheld

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

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

**Decision rationale:** The requested Physical therapy 2 times a week for 4 weeks, lumbar, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left knee pain but her lower back pain was a little better than before. She was taking Meloxicam only as needed. Her left knee buckled with sudden pain on and off. Objective findings included tenderness at lumbosacral area. Left knee had mild crepitus. Assessment included lumbar degenerative disc disease, sciatica, chronic pain and internal derangement of the left knee. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, or the medical necessity for a current trial of physical therapy beyond a recommended six sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy 2 times a week for 4 weeks, lumbar is not medically necessary.