

<b>Case Number:</b>	CM15-0204468		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old female, who sustained an industrial injury on 7-31-2013. Diagnoses include cervical strain, lumbosacral strain; status post left knee arthroscopy on 3-20-15. Treatments to date include activity modification, medication therapy, and an unknown number of post-operative physical therapy sessions to the left knee. On 10-9-15, she complained of ongoing pain in the left knee, neck and low back. The physical examination documented tenderness over the left knee. There was tenderness and decreased range of motion noted in the cervical spine and low back. The plan of care included physical therapy and a back brace. The appeal requested authorization for eight (8) physical therapy sessions for the neck, low back, and left knee, twice a week for four weeks, and a lumbar back brace. The Utilization Review dated 10-15-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy to Neck, Low Back and Left Knee, 2 x 4 weeks:** 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 patient presents with pain in the left knee, neck, and low back. The request is for outpatient physical therapy to neck, low back and left knee, 2x4 weeks. Patient is status post left knee surgery, 03/20/15. Physical examination to the left knee revealed tenderness to palpation over the portal sites bilaterally. Examination to the cervical spine revealed some guarding at the end range of flexion, extension, lateral bending and rotation. Per 10/09/15 Request For Authorization form, patient's diagnosis include lumbosacral pain, and cervical pain. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 09/11/15, the treater states that the patient requires additional physical therapy for her neck and low back lumbar area. Review of the medical records provided indicate that the patient has completed 12 sessions of physical therapy, from 04/07/15 through 07/22/15. The treater however, has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the treater has not discussed why the patient cannot transition into a home based exercise program. Additionally, the guidelines allow up to 10 sessions of therapy and the requested 8 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request is not medically necessary.

**DME Purchase: One Lumbar Back Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Low Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under lumbar supports.

**Decision rationale:** The patient presents with pain in the left knee, neck, and low back. The request is for DME purchase: one lumbar back brace. Patient is status post left knee surgery, 03/20/15. Physical examination to the left knee revealed tenderness to palpation over the portal sites bilaterally. Examination to the cervical spine revealed some guarding at the end range of flexion, extension, lateral bending and rotation. Per 10/09/15 Request For Authorization form, patient's diagnosis include lumbosacral pain, and cervical pain. Patient's work status is modified duties. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific LBP

(very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." In progress report dated 10/09/15, the treater states that the patient would benefit from a lumbar sacral support. ACOEM guidelines do not recommend the use of lumbar supports beyond the acute phase and ODG guidelines only recommend them "as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain." Given the lack of such diagnoses, the request is not medically necessary.