

<b>Case Number:</b>	CM15-0024618		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 38-year-old male, who sustained an industrial injury on 4/21/14. He has reported back, injury and knee injuries. The diagnoses have included cervical spine sprain/strain, cervical multilevel degenerative disc disease, rule out cervical radiculopathy, low back pain, lumbar spine sprain/strain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, rule out lumbar radiculopathy, bilateral knee sprain/strain, bilateral knee medial lateral meniscal tear, left knee (ACL) Anterior Cruciate Ligament tear, bilateral ankle sprain/strain and bilateral ankle tenosynovitis. Treatment to date has included physical therapy, aquatic therapy, oral medications, and transdermal medications and localized intense neurostimulation therapy. Currently, the injured worker complains of sharp, stabbing low back, neck, neck pain, and dull achy bilateral ankle pain. The injured worker stated the symptoms persisted, however the medications do offer him temporary relief of pain and approve his ability to have restful sleep on 12/5/14. Physical exam noted tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles, bilateral lumbar paraspinal muscle guarding, and tenderness to palpation at the quadratus lumborum over the sacrotuberous ligaments and the spinous processes L3-5. On 2/2/15 Utilization Review non-certified physical therapy 3 times per week for 6 weeks to lumbar spine and left knee, noting the lack of documentation of functional improvement and number of sessions previously provided. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of physical therapy 3 times per week for 6 weeks to lumbar spine and left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x6 for the lumbar spine, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The claimant is more than one-year status post work-related injury, continues to be treated for left knee and low back pain, and has already had physical therapy including pool therapy. 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, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.