

<b>Case Number:</b>	CM15-0212911		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 61 year old female, who sustained an industrial injury on 10-21-14. The injured worker is diagnosed with chronic lumbosacral strain, right knee internal derangement, post partial medial meniscectomy, Achilles tendonitis and plantar fasciitis. Her work status is modified duty. Notes dated 9-2-15 and 9-18-15 reveals the injured worker presented with complaints of right knee pain and constant low back pain with some radiation to her buttocks. She reports she is unable or experiences difficulty with crouching, crawling, kneeling, squatting, running and climbing stairs. Her back pain is increased with prolonged waking, standing and sitting. She experiences right foot and ankle pain. Physical examinations dated 9-2-15 and 9-18-15 revealed flattened lumbar lordosis, decreased lumbar forward flexion and extension. Spasms and guarding is noted at the lumbosacral junction. Lumbar and lower extremity strength testing is difficult to assess due to guarding. There is tenderness at the medial (greater) and lateral joint line of the right knee. Varus angulation provoked pain. There is tenderness over the Achilles region, plantar fascia and mild tenderness over the medial ankle. There is pain noted with foot eversion. Treatment to date has included partial medial meniscectomy; physical therapy (greater than 12 sessions) was beneficial for her per note dated 9-18-15, cane for stability, home exercise program and medication. Diagnostic studies include right ankle, lumbar and right knee MRI. A request for authorization dated 9-22-15 for physical therapy 6 session to the right lower extremity and low back (Achilles Tendinopathy- Achilles tendon stretch and gastrocous strengthening, Plantar fasciitis-plantar specific stretch, quadriceps enthesopathy-strength knee supporting muscles and core strengthening is denied, per Utilization Review letter dated 9-29-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions right lower extremity and low back (Achilles Tendinopathy - Achilles tendon stretch & gastrocnemius strengthening, Plantar fasciitis-plantar specific stretch, Quadriceps enthesopathy-strengthen knee supporting muscles, and Core Strengthening): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: 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 ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Per the documentation submitted for review, the injured worker has previously undergone an undocumented number of physical therapy visits for the low back, 12 prior preoperative visits, and 12 postoperative physical therapy visits for the right knee without documentation of significant functional improvement. At this point, the injured worker should have been transitioned to home-based self-directed therapy. Absent documentation of functional improvement from physical therapy, further sessions are not medically necessary.