

<b>Case Number:</b>	CM15-0040125		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 57 year old female, who sustained an industrial injury on June 27, 2002. She reported pain in the low back and left knee. The injured worker was diagnosed as having lumbar sprain/strain and left lower extremity radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, 2 left knee arthroscopies and a right knee arthroscopy with meniscectomies, physical therapy, pain medications and work restrictions. Currently, the injured worker complains of persistent pain, locking and giving way of the left knee and low back pain with radiating tingling and numbness to the bilateral lower extremities. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She has been treated with conservative therapies without objective documentation of improvement. Evaluation on November 4, 2014, revealed continued symptoms. Physical therapy of the lumbar spine and left knee was requested and medications were renewed. Evaluation on January 28, 2015, revealed continued pain and lower extremity radiculopathy symptoms. The plan was for additional physical therapy and a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with left knee pain and low back pain that radiates to the bilateral lower extremities. The request is for physical therapy for the lumbar spine 2 times a week for 6 weeks on 01/28/15. Review of reports shows the patient has completed 6 sessions of physical therapy for lumbar spine with approval from 12/08/14. MTUS pages 98, 99 has the following: "Physical Medicine: 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 this case, there is no rationale provided for the requested additional therapy. There is no documentation of a recent flare-up or decline in function requiring formalized therapy in addition to what was provided recently. None of reports explain why the patient is unable to establish a home exercise program to manage pain. Furthermore, the request of 12 sessions exceeds what is allowed per MTUS. The request IS NOT medically necessary.