

<b>Case Number:</b>	CM15-0055274		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 22-year-old female, who sustained an industrial injury on 12/03/2014. She has reported subsequent neck, back and knee pain and was diagnosed with thoracolumbar myofascial contusion/sprain and residuals of right knee contusion with post-traumatic patella chondromalacia. Treatment to date has included oral and topical pain medication, physical therapy, application of heat, ultrasound and massage. In a progress note dated 01/21/2015, the injured worker complained of severe headaches, low back pain with occasional radiation into the right buttock and leg and right subpatellar knee pain. Objective findings were notable for reduced range of motion of the lumbar spine and tenderness of the thoracolumbar spine and right knee. A request for authorization of physical therapy of the lumbar spine and right knee was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3xWk x 2Wks for the lumbar spine and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Knee Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times two weeks to the lumbar spine and right knee is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are history of concussion with post-traumatic cephalgia; thoracolumbar myofascial contusion/strain; and residual right knee contusion with post-traumatic patella chondromalacia. Subjectively, according to a January 21, 2015 initial evaluation, the injured worker sustained an injury to her head with low back pain radiating to the right buttock and leg. There was right sub patellar knee pain. Objectively: injured worker is not in any acute distress and is noted to walk with a right antalgic limp. There was diffuse lumbosacral tenderness. Examination of the right knee showed tenderness overlying the patellar tendon but no swelling or fusion. It was no joint line tenderness. There was no laxity of the ligaments appreciated. Neurologic evaluation was unremarkable and there were no imaging studies available for review. The documentation shows minimal clinical objective findings referable to the affected right knee. Other than tenderness over the patella tendon, the examination was unremarkable with no positive objective findings. Additionally, there were no radiographic studies as part of the initial evaluation in the medical record. Although physical therapy appears appropriate to the lumbar spine, there is no clinical indication for physical therapy applied to the right knee. Also, there were no imaging studies (plain x-rays) available for review of the lumbar spine and right knee. Consequently, absent clinical documentation with significant objective findings referable to the right knee, physical therapy three times per week times two weeks lumbar spine and right knee is not medically necessary.