

<b>Case Number:</b>	CM15-0055491		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<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: Colorado

Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on 1/29/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic low back pain and chronic bilateral knee pain. Treatment to date has included x-rays of the lumbar spine and bilateral knees in 2011, physical therapy (11/2014 to 12/2014), and medications. Currently, the injured worker complains of chronic low back and bilateral knee pain. Exam of his lumbar spine was unremarkable. Exam of the bilateral knees noted slight to moderate crepitus, with occasional cracking in the left knee. Motor and sensory exams were intact. Range of motion was within normal limits. Current medication use included Zorvolex. He recently completed 8 physical therapy sessions, authorized for treatment of his back and knees, though the notes indicate only the back was addressed. The treatment plan included 8 additional physical therapy sessions for the bilateral knees and continued exercise program. The application for review requests additional 8 physical therapy sessions for the knees and the back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x8 for the lumbar spine and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, he has documented chronic back pain and bilateral knee pain, though physical examinations in the record are normal except for some crepitus in the knees. Patient has completed 8 sessions of physical therapy for the back with some documented improvement. The additional physical therapy requested for the back would exceed the recommended total number of physical therapy sessions per the Guidelines. While physical therapy may benefit the knees, and patient has not had any documented physical therapy to address the knees, the request is not just for the knees. Because the request for back physical therapy is not indicated, the entire requested is not medically necessary.