

<b>Case Number:</b>	CM13-0034423		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/23/2009
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Californian. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left knee and low back pain reportedly associated with an industrial injury of July 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; prior left shoulder manipulation under anesthesia surgery; prior left hip labral repair surgery; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 11, 2013, the claims administrator partially certified a request for eight sessions of physical therapy for left knee and lumbar spine and six sessions of physical therapy for the left knee and lumbar spine. The applicant's attorney subsequently appealed. A progress note of November 8, 2013 is notable for comments that the applicant is pending an Magnetic Resonance Imaging (MRI) . The applicant reports persistent neck and low back pain. The applicant is again placed off of work, on total temporary disability, owing to issues with neck, hip, shoulder, and wrist pain. The applicant now has psychological concern as well. A September 27, 2013 progress note is again notable for comments that the applicant reports multifocal neck, shoulder, hip, and low back pain. Limited range of motion about numerous body parts is appreciated. The applicant was asked to employ Butrans, Tramadol, Pamelor, Ambien, and Neurontin for various forms of pain and headaches. Norvasc and Zestoretic were endorsed for hypertension. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy X 8 Sessions; Left Knee And Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure and Knee and Leg Procedure.

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

**Decision rationale:** While Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the MTUS also notes that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has already had prior unspecified amounts of physical therapy over the life of the claim. There was no evidence of functional improvement following completion of the same so as to justify continued treatment at this late date, several years removed from the date of injury. The fact that the applicant remains off of work, on total temporary disability, and continues to remain reliant on various forms of medications and medical treatments, including Butrans, Pamelor, Tramadol, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.