

<b>Case Number:</b>	CM14-0105292		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 64 year-old female was reportedly injured on October 3, 2012. The mechanism of injury is noted as cumulative trauma, due to multiple falls. The most recent progress note, dated April 30, 2014, indicates that there were ongoing complaints of neck, lower back, left hip, and left knee pain. The physical examination demonstrated cervical spasm and tenderness to palpation of the posterior aspect of the neck with limited range of motion in all planes. Examination of the lumbar spine demonstrated spasm to the left side of the lower back with point tenderness upon palpation to the left side of the lower back as well. Lasegue sign is positive on the left. The patient has decreased range of motion and pain with range of motion and all planes. Examination of the left hip showed no deformity, no muscle atrophy, no ecchymosis or erythema, but did show point tenderness upon palpation of the trochanteric bursa. Examination of the left knee reveals no deformity, no muscle atrophy, but does show moderate effusion with point tenderness to palpation of the medial joint line. McMurray's test was positive to the medial compartment. Neurological exam is fairly unremarkable, with normal motor, sensory, and deep tendon reflexes to both the upper and lower extremities, other than decreased sensation at the lateral aspect of the left foot. Diagnostic imaging studies left knee radiographs, dated March of 2014, show no fracture or dislocation, but do show mild degenerative joint disease of the left knee. Previous treatment includes multiple medications. A request had been made for physical therapy three times a week for four weeks for the neck, lumbar, and left knee, and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times a Week for 4 Weeks for Neck, Lumbar, & Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 8-10 visits over 4 weeks. The current request for 12 physical therapy visits exceeds the amount supported by the chronic pain treatment guidelines. As such, this request is not considered medically necessary.