

<b>Case Number:</b>	CM14-0132126		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & Rehabilitation and is licensed to practice in California. 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:

This is a 52-year-old male with a 11/8/12 date of injury. The exact mechanism of injury was not described. On 7/17/14, the patient complaint of constant sharp pain in the low back radiating to the lower extremities. The pain was unchanged and was rated as an 8/10. He also had right knee pain which was rated as a 7/10. Objective exam shows tenderness in the joint line of the right knee and positive McMurrays. There was crepitus with painful range of motion (ROM). There was tenderness to palpation with spasm and standing flexion and extension that was guarded and restricted. Diagnostic Impression: Lumbago, Internal Derangement of the knee. Treatment to date: medication management, physical therapy. A UR decision dated 8/1/14 denied the request because quantitative ROM of the lumbar spine and knee were not documented, which might potentially demonstrate the deficits to be addressed in the therapy. Also, considering the chronicity of the patient's condition, there is no evidence of prior physical therapy (PT) and functional response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to right knee, lumbar, QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back-Lumbar & Thoracic (Acute & Chronic) Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Functional Chapter, pg 114; Official Disability Guidelines (ODG) Low Back Chapter, Knee Chapter: Physical Therapy Guidelines.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG supports up to 9 sessions of physical therapy for Lumbago/Backache and 9 sessions of physical therapy for Derangement of meniscus, Old bucket handle tear. However, there is no documentation of the number of sessions of physical therapy previously attended, or any functional response from the physical therapy. This patient has a 2012 date of injury, and it is unclear why the patient is not compliant with an independent home exercise program. In addition, this request is for 12 sessions of physical therapy, and guidelines only support up to 9 sessions of physical therapy for the patient's current diagnosis. Therefore, the request for Physical Therapy 2x week x 6 wks right knee, lumbar Qty 12 was not medically necessary.