

<b>Case Number:</b>	CM14-0147467		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/04/1992
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old female with a 5/4/92 date of injury. The mechanism of injury occurred when she was struck in the anterior knee with palate on a forklift. According to a progress report dated 8/7/14, the patient complained of moderate to severe back pain that radiated into the leg and knee. She rated the severity as a 7-8/10. She stated that his left knee pain was mild and was associated with tingling. She rated the severity as a 7/10. Objective findings: limited range of motion of left knee, limited range of motion of lumbar spine, positive Faber's sine, mildly antalgic gait, patellofemoral joint line tenderness of left knee. Diagnostic impression: left knee arthroscopy with partial lateral meniscectomy (2010), lumbar laminectomy and discectomy (1992), low back pain. Treatment to date: medication management, activity modification, TENS unit, surgeries. A UR decision dated 8/13/14 denied the request for 8 visits of physical therapy for the low back. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back 2 x 4 visits.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**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. However, this patient has a 1992 date of injury and has likely had physical therapy previously. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many sessions she has had previously. Guidelines only support 10 sessions of physical therapy visits for lumbar sprains. Further information would be necessary to substantiate this request for physical therapy. Therefore, the request for Physical Therapy for the low back 2 x 4 visits was not medically necessary.