

<b>Case Number:</b>	CM14-0216793		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	02/23/2001
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: North Carolina  
 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 57 year old female with a date of injury of February 23, 2001. Results of the injury include lower back, right leg right foot, and left knee. Diagnosis include lumbar sprain superimposed on lumbar degenerative disc disease, with right radiculopathy, possible L4-5 radiculopathy, possible peroneal nerve palsey, L4-5 disc space loss, and possible discitis, right total knee arthroplasty, clinically functioning well, left knee osteoarthritis in the medical compartment with acute flare, end stage. Treatment has included stretching exercise, Flector patches, diclofenac, and Magnetic Resonance Imaging (MRI). X-rays of the left knee AP and lateral taken demonstrates significant ends tage osteoarthritis and marked bone on bone changes medially with sclerosis and irregularity of the medial femoral condyle. X-rays of the right knee revealed total joint prosthesis in good position. X-rays of the thoracic spine showed age compatible degenerative changes with long standing early narrowing at multiple levels throughout the thoracic spine. X-rays of the lumbar spine showed significant degenerative disc disease most notable at L4-L5 and L5-S1. Progress report dated November 11, 2014 showed focal tenderness to the right lower back. There was decreased sensation in the first web space of the right foot. The left knee showed diffuse tenderness medially and pseudolaxity in the medial compartment. Disability status was noted as totally temporarily disabled. Treatment plan included MRI, polypropylene, and aspercreme. Utilization review form dated December 10, 2014 modified physical therapy 2 x week x 6 weeks lumbar according to MTUS guideline recommendations.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Six sessions of Physical Therapy 2x for 3 weeks for lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Physical therapy/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. The requested amount of sessions is within guideline recommendations. There is no documentation of previous physical therapy for the affected areas. Therefore, the request is medically necessary.