

<b>Case Number:</b>	CM15-0001996		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/22/1997
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 10/22/1997. The mechanism of injury is not provided. On 12/10/2014, the injured worker presented with complaints of left knee, back and spine pain. Current medications included tramadol, ibuprofen, Prilosec and Norco. X-ray of the left knee revealed osteoarthritis present and lumbar multilevel degenerative changes. The diagnoses were knee internal derangement unspecified and lumbosacral spondylosis without myelopathy. Examination of the lumbar spine there was spasm noted with limited motion and left knee crepitation swelling and tenderness. Prior therapy included medications, physical therapy, and injections. The provider recommended physical therapy for the low back and left knee times 12. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### 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 and left knee x 12:** 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 Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy for the low back and left knee times 12 is not medically necessary. The California MTUS Guidelines recommend active therapy and state that it 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no information on if the injured worker had participated in previous physical therapy sessions. Additionally, there is lack of objective functional deficits noted on physical exam. The provider's request does not indicate the frequency of the physical therapy sessions in the request as submitted. As such, medical necessity has not been established.