

<b>Case Number:</b>	CM15-0016605		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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

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 44-year-old male who reported an injury on 12/05/2012 due to an unspecified mechanism of injury. On 12/26/2014, he presented for a follow-up evaluation regarding his work related injury. He reported right knee pain as well as low back pain with right lower extremity symptoms rated at a 6/10. He stated that his muscle spasm had remained refractory to stretching, heat, cold, activity modification, physical therapy, and home exercise. A physical examination showed tenderness at the right knee with no signs of infection, healed arthroscopic portal sites, and range of motion of 0 to 100 degrees. There was tenderness to the lumbar spine with range of motion limited secondary to pain. He had a positive straight leg raise and spasm in the lumbar paraspinal musculature, which was noted to be decreased. He was diagnosed with status post right knee surgery, protrusion with bilateral foraminal stenosis in the lumbar spine, a lumbar spine annular tear, and a lumbar spine protrusion at the L5-S1. The treatment plan was for physical therapy to the right knee and lumbar spine 2 times a week over 3 weeks. The rationale for treatment 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 (PT) to the right knee and lumbar spine two (2) times a week over three (3) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition and California MTUS guidelines, web-based edition: [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)".

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for myalgia and myositis, unspecified, at 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks are recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and right knee. However, the documentation provided indicated that the injured worker had already previously attended physical therapy. Further clarification is needed regarding how many sessions of physical therapy the injured worker had attended as well as his response to those sessions in terms of a quantitative decrease in pain and an objective improvement in function. Also, the documentation provided did not indicate that the injured worker has any significant functional deficits in the lumbar spine to support additional physical therapy sessions. Therefore, the request is not supported. As such, the request is not medically necessary.