

<b>Case Number:</b>	CM15-0116855		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/24/2000
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 52-year-old male who sustained an industrial injury on 1/24/00 after bending down and lifted 80 pounds and experiencing a sharp pain in both his left knee and low back. He continued working for a year aggravating his knee and back eventually resulting in 15 knee surgeries without regaining the physical capacity to work. He had two prior work injuries, one in 1990 injuring his left knee and the other in 1997 injuring his back. He completely recovered from both injuries. He currently complains of neck pain that radiates bilaterally down bilateral upper extremities; low back pain radiating down bilateral lower extremities right greater than left with numbness and weakness; headaches; bilateral knee pain and ankle pain. He reports pain has increased since last visit and his pain level with medications is 4-5/10. His activities of daily living are limited due to pain in the areas of self-care and hygiene, activity, ambulation, sleep and sex. On physical exam of the cervical spine there was spasm noted bilaterally in the paraspinal muscles, bilateral paravertebral tenderness and painful range of motion; there was tenderness on palpation and spasms in the bilateral paravertebral and paraspinal musculature of the lumbar spine with pain on range of motion and bilateral positive straight leg raise seated; there was tenderness on palpation of the left knee with decreased range of motion due to pain. Medications were Lidocaine cream, diclofenac, Norco, Norflex, pantoprazole, gabapentin. Diagnoses include lumbar radiculopathy; chronic pain; status post knee surgery. Treatments to date include psychiatric evaluations for depression and anxiety; physical therapy, which is helpful, and he notes 60% improvement in function due to therapy; non-steroidal anti-inflammatory medications are helpful; lumbar epidural steroid injection left L5-S1 limited

effect. Diagnostics include MRI of the lumbar spine (12/8/12) noting disc bulge; MRI of the cervical spine (12/8/12) showing spondylitic changes; computed tomography of the head (12/16/12) was negative; MRI of the lumbar spine (6/21/12) showing posterior disc protrusion; electromyography/ nerve conduction studies of the bilateral lower extremities (4/27/15) abnormal. In the progress note, dated 5/28/15 the treating provider's plan of care includes a request for physical therapy three times per week for four weeks to regain core strengthening for the lumbar spine and to improve range of motion for the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 PT Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

**Decision rationale:** 12 PT Sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's low back and knee issues. The documentation does not reveal how many prior sessions of PT the patient has had for the knee or the back or why the patient is not versed in a home exercise program at this point. Furthermore, the request does not specify a body part and 12 sessions exceeds the MTUS recommended amount of therapy. For all of these reasons the request for 12 PT sessions is not medically necessary.