

<b>Case Number:</b>	CM15-0126043		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

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

### 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 who sustained an industrial injury on 6/26/97. Per utilization review she struck her right knee on a desk and was status post left total knee arthroplasty revision. She currently has pain in the lumbar spine and bilateral shoulders. Her pain level with medications was 8/10 and without medications as 9.5/10. She has poor sleep quality. She has had three surgeries in the left knee the first 6/2011. She has had right knee surgery. She can perform household tasks with the aid of medications. On physical exam of the lumbar spine there was restricted range of motion and positive facet loading on both sides; right shoulder reveals positive Hawkin's, Speeds and drop arm tests and tenderness on palpation in the subdeltoid bursa; left shoulder reveals restricted range of motion; left knee reveals surgical scars, mild effusion in the left knee joint. She had a positive straight leg raise bilaterally. Medications were Wellbutrin, oxycodone, Robaxin, Ambien, meclizine, triamterene-HCTZ. Diagnosis was lumbar radiculopathy. Treatments to date include medications; physical therapy (per the 1/30/15 progress note has been beneficial for improving strength and range of motion and she has been able to self-taper the oxycodone); transforaminal epidural steroid injections with benefit. Diagnostics include MRI of the lumbar spine (5/26/15 and 12/11/13) showing bulging of the annulus posteriorly, osteoarthritis, posterior disc protrusion, bilateral neural foraminal narrowing. On 6/9/15 Utilization review evaluated the request for additional physical therapy times three for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy x 3 sessions to left knee:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1997 and continues to be treated for knee pain. She has undergone multiple bilateral knee surgeries with a left total knee revision arthroplasty in July 2014. Treatments have included extensive postoperative physical therapy. When seen, pain was rated at 8/10 with use of medications. She was having difficulty sleeping. There was an antalgic gait with use of a cane. There was a mild left knee joint effusion. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend up to a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of reestablishing or revising the claimant's home exercise program. The request was medically necessary.