

<b>Case Number:</b>	CM15-0171392		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 47 year old male, who sustained an industrial injury on 06-22-2012. He has reported subsequent neck, low back and knee pain and was diagnosed with tear of medial cartilage or meniscus of knee, lumbar disc displacement, cervical radiculopathy and chronic low back and right knee pain. Treatment to date has included oral and topical pain medication, lumbar epidural injection, trigger point injections, physical therapy and transcutaneous electrical nerve stimulator. Work status was documented as permanent and stationary. According to a qualified medical examiner (QME) report dated 06-13-2015 the injured worker had several sessions of physical therapy in 2012 and there was no significant improvement of pain or function documented. There were no physical therapy visit notes included for review. MRI of the lumbar spine on 02-09-2013 showed mild degenerative changes, mild diffuse disc bulge at L4- L5, neural foraminal and spinal canal stenosis and MRI of the right knee on the same date showed intra-substance degeneration in the posterior horn of the medial meniscus with possible small inferior surfacing tear. In a progress note dated 07-28-2015, the injured worker reported continued low back and right knee pain with significant difficulty ambulating with episodes of slipping and nearly falling. Pain was rated as 6 out of 10 with medications and 10 out of 10 without medications. The injured worker requested additional physical therapy to the low back and right knee. Objective examination findings showed an antalgic gait, guarding, spasm and tenderness of the paravertebral muscles of the lumbar spine, painful decreased range of motion, dysesthesia in the L5 and S1 dermatomal distributions bilaterally but more so on the right, diminished patellar tendon and Achilles tendon reflexes, medial and lateral joint line tenderness of the right knee with decreased range of motion and crepitus. The physician noted that physical therapy had benefited the injured worker in the past and that he had not had physical therapy in some time. A request for authorization of additional physical therapy 3 times a week for 4 weeks for the lumbar spine and right knee was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 times a week for 4 weeks for the lumbar spine and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 sustained a work injury in June 2012 and continues to be treated for low back and right knee pain. There were 12 sessions of physical therapy in 2012. When seen, he was continuing to complain of difficulty with activities of daily living including ambulating. Physical examination findings included an antalgic gait with use of a cane. There was lumbar muscle spasm with tenderness and guarding and decreased range of motion. Lower extremity reflexes were decreased. There was right knee joint line tenderness and painful and decreased range of motion with patellar crepitus. It had been some time since he his prior physical therapy treatments and 12 sessions were requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.