

<b>Case Number:</b>	CM15-0173907		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Hawaii  
 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 40 year old male, who sustained an industrial injury on 2-26-2010. The injured worker was diagnosed as having left shoulder labral tear, and patellar tendinitis, lumbago, lumbar region disc disorder, bilateral knee degenerative joint disease, bilateral knee internal derangement, bilateral patella tendinitis, status post crush injury with partial amputation, gastroesophageal reflux, anxiety, and depressive disorder. The request for authorization is for: physical therapy 2 times a week for 3 weeks for the lumbar spine and bilateral knees. The UR dated 8-13-2015: non-certified PT 2x3 lumbar spine-bilateral knees total MED equal 30. On 2-7-2015, he reported bilateral chest pain, and pain to the right abdomen, right shoulder, bilateral wrists and hands. He rated his pain 7 out of 10. He also reported dizziness, anxiety, and insomnia. He indicated he felt better with rest, and medications. Physical findings revealed him to be in no acute distress per the provider, and ambulating with a guarded gait as well as palpable tenderness in the right shoulder. The right shoulder is noted to have limited range of motion. On 2-14-2015, he reported pain to the bilateral elbows, low back with radiation into the left buttock down to the left foot and right leg down to the foot. He rated his pain 6 out of 10. He also reported insomnia and anxiety. He indicated feeling better with rest and pain medications. Physical findings revealed tenderness in the low back with decreased range of motion and spasm on flexion, positive bilateral straight leg raise testing, tenderness to both knees, positive McMurray's test bilaterally. His work status is reported to be temporarily partially disabled with work restrictions. On 8-6-2015, he reported pain to the low back with radiation into the bilateral legs down to the feet. He rated his pain 7 out of 10. Physical findings revealed tenderness in the

low back, decreased lumbar range of motion, tenderness in the knees, decreased range of motion to the knees and positive McMurray's bilaterally. The records indicated the provider requested physical therapy in February 2015. It is unclear if the requested physical therapy had been completed. The treatment and diagnostic testing to date has included: medications, x-rays, rest, urine drug screening (2-7-2015), CURES, magnetic resonance imaging of the right shoulder (6-28-2015), magnetic resonance imaging of the left knee (5-3-2015), magnetic resonance imaging of the left shoulder (6-30-2015), magnetic resonance imaging of the lumbar spine (4-26-2015), magnetic resonance imaging of the right knee (4-29-2015).

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

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

**Physical therapy to the lumbar spine and bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain to the bilateral elbows, low back pain with radiation to the left buttock down to the left foot and right leg down to the foot. The current request is for physical therapy to the lumbar spine and bilateral knees. The treating physician states, in a report dated 08/06/15, "At this time I am recommending a course of Physical Therapy to the Lumbar Spine and Bilateral Knees at a frequency of 2 times a week for 3 weeks." The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program, which indeed the treating physician has recommended. The current request is open ended and does not specify a specific number of sessions to be performed. IMR rules do not allow alteration of requests, and MTUS guidelines do not support unlimited physical therapy treatment. As such, the current request is not medically necessary.