

<b>Case Number:</b>	CM15-0174198		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/13/2015
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/06/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 56 year old female with a date of injury of June 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right knee sprain, left knee sprain, strain of the thoracic region, and lumbar strain. Medical records dated July 2, 2015 indicate that the injured worker complains of back pain and knee pain. A progress note dated July 30, 2015 notes subjective complaints of knee pain. Per the treating physician (July 30, 2015), the employee has returned to work. The physical exam dated July 2, 2015 reveals full range of motion of the knees, stable gait, and increasing pain with palpation of the lumbar spine paravertebral muscles, and full range of motion of the lumbar spine. The progress note dated July 30, 2015 documented a physical examination that showed mild diffuse tenderness to palpation of the paralumbar muscles, full range of motion of the lumbar spine, full range of motion of the knees, and a stable gait. Treatment has included eleven out of twelve prescribed sessions of physical therapy that offered "functional improvement and the patient is tolerating well". The original utilization review (August 6, 2015) non-certified a request for six sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) - Section: Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical three times per week times two weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are left knee sprain; lumbar strain; right knee sprain; and strain thoracic region. Date of injury is June 13, 2015. Request for authorization is July 30, 2015. According to a July 30, 2015 progress note, the worker completed 11 out of 12 physical therapy sessions. PT is helping. There are no physical therapy progress notes in the medical record. Subjectively, the worker has ongoing knee pain. Objectively, there is tenderness to palpation over the lumbar spine paraspinal muscles. Gait is normal. The examination is otherwise unremarkable. There is no request for additional physical therapy in the medical record. The request for physical therapy however, is in the request for authorization only. The physical therapy request does not indicate the location to be treated (lumbar versus knee). There is no documentation demonstrating objective functional improvement with the first 12 physical therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with the first set of physical therapy sessions and no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated, physical three times per week times two weeks is not medically necessary.