

<b>Case Number:</b>	CM15-0062835		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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

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 30 year old female, who sustained an industrial injury on 5/13/14. She reported pain in bilateral knees, bilateral ankles and lower back. The injured worker was diagnosed as having sciatic syndrome of back and right lower extremity with weakness, internal derangement of right knee, musculoligamentous sprain/strain of bilateral ankles and left knee compensatory pain. Treatment to date has included oral medications, physical therapy and home exercise program. Currently, the injured worker complains of constant and severe low back pain rated 8/10 with radiation to the bilateral lower extremities, down to calves with associated numbness, tingling, stiffness, soreness, spasms and weakness, she also complains of constant and severe right knee pain rated 8/10 with associated weakness, crepitus, tenderness and sharp pain and constant and moderate right foot and ankle pain rated 6/10. It is noted the injured worker completed a course of course physical in 2014 without relief of pain. She is currently not working. Physical exam noted restricted range of motion of right knee with mild weakness noted over the right quadriceps and slight sensory deficit over the right L5 and S1 dermatomes. The treatment plan included recommendation for physical therapy for right knee 2-3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwks 4wks on the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2x/wk x 4wks on the right knee is not medically necessary and appropriate.