

<b>Case Number:</b>	CM15-0071189		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Maryland

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

The injured worker (IW) is a 45 year old male who sustained an industrial injury on 02/20/2007. He reported low back pain and bilateral knee pain. This is his first evaluation since 07/2010 when the worker had surgery on his right knee. The worker is now diagnosed as having low back pain and left knee pain. There is no evidence of a limp, no gross deformity, no appreciable swelling or gross atrophy of paravertebral muscles, and no evidence of scoliosis. There is normal lordosis. There is palpable tenderness of the paravertebral muscles bilaterally but no evidence of tenderness over the sacroiliac joints or the sciatic notches. There is no tenderness over the flanks bilaterally and there is no tenderness over the coccyx. Motor power is intact, and range of motion is slightly diminished in flexion and extension. The surgical portal over the right knee is well healed. There is palpable tenderness over the medial joint on the right knee and tenderness over the medial joint line and tibial plateau on the left knee. There is no diminished motion of the patella, and no crepitation of the patella bilaterally. Patellar compression test causes no discomfort. Apprehension test is negative. There is pain with range of motion on the left knee in flexion and extension, and in the right knee flexion. X-rays were requested of the bilateral knees, and of the lumbar spine. New requests for authorization included: Six physical therapy two times three weeks for the lumbar spine, as outpatient; Six physical therapy two times three weeks for the left knee, as outpatient and Six physical therapy two times three weeks for the right knee, as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six physical therapy two times three weeks for the left knee, as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Six physical therapy two times three weeks for the left knee, as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS recommends up to 10 visits for myalgias or neuritis. The documentation does not indicate significant deficits on physical exam that would require 6 supervised therapy visits. The documentation is not clear on how much prior therapy the patient has undergone and the outcome. The request for six physical therapy visits is not medically necessary.

**Six physical therapy two times three weeks for the right knee, as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Six physical therapy two times three weeks for the right knee, as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS recommends up to 10 visits for myalgias or neuritis. The documentation does not indicate significant deficits on physical exam that would require 6 supervised therapy visits. The documentation is not clear on how much prior therapy the patient has undergone and the outcome. The request for six physical therapy visits is not medically necessary.

**Six physical therapy two times three weeks for the lumbar spine, as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Six physical therapy two times three weeks for the lumbar spine, as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS recommends up to 10 visits for myalgias or neuritis. The documentation does not indicate significant deficits on physical exam that would require 6 supervised therapy visits. The documentation is not clear on how much prior therapy the patient has undergone and the outcome. The request for six physical therapy visits is not medically necessary.