

<b>Case Number:</b>	CM15-0071928		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/07/2015
<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: California

Certification(s)/Specialty: Emergency 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 is a 62 year old male with an industrial injury dated June 28, 2011. The injured worker diagnoses include cervical, thoracic and lumbar strain and right knee degenerative arthritis possible internal derangement status post right total knee replacement. He has been treated with physical therapy, lumbar traction device, prescribed medications, aqua exercises and periodic follow up visits. According to the progress note dated 3/31/2015, the injured worker reported low back pain into buttocks down left leg to ankle. The injured worker also reported residual pain and click. Objective findings revealed trace of swelling in right knee, minimally tender medially, tenderness to lumbar spine with spasm and decrease reflexes of patella and Achilles. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the lumbar spine to evaluate herniated nucleus pulposus and additional physical therapy for the right knee to further improve range of motion and strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has low back pain into buttocks down left leg to ankle. The injured worker also reported residual pain and click. Objective findings revealed trace of swelling in right knee, minimally tender medially, tenderness to lumbar spine with spasm and decrease reflexes of patella and Achilles. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

**12 sessions of physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical therapy.

**Decision rationale:** The requested 12 sessions of physical therapy for the right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and Official Disability Guidelines, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has low back pain into buttocks down left leg to ankle. The injured worker also reported residual pain and click. Objective findings revealed trace of swelling in right knee, minimally tender medially, tenderness to lumbar spine with spasm and decrease reflexes of patella and Achilles. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 sessions of physical therapy for the right knee is not medically necessary.