

<b>Case Number:</b>	CM15-0095959		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

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

### 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 7/18/13. He reported initial complaints of back and knees. The injured worker was diagnosed as having bilateral medial meniscus tear; lumbar sprain. Treatment to date has included status post left knee examination under anesthesia, arthroscopy with partial medial meniscectomy; synovectomy major (2/11/15); physical therapy; home exercise program; medications. Diagnostics included MRI lumbar spine (4/24/14); MRI right knee (4/24/14). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker's left knee improved with surgery but has intermittent pain. He is a status post left knee examination under anesthesia, arthroscopy with partial medial meniscectomy; synovectomy major on 2/11/15. He is pleased with the progress and doing home exercise program. The pain complaint is right knee medial and lateral with a positive buckle give-way. He has persistent low back pain, and pain and swelling/paresthesia in the right foot. Objective findings document left knee with trace swelling and mild crepitus. His range of motion is 0-122 and minimally tender MJL. His right knee is very tender MJL with slight tenderness in the LJL. His range of motion in the left knee is 0-120 with severe pain with McMurray. The collaterals are stable, Lachman stable with pain on range of motion. There is positive lumbar tenderness with spasms on the right paralumbar and his range of motion is limited. The provider is requesting 8 sessions of Physical Therapy for the Lumbar Spine (between 4/22/15 and 6/6/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 sessions of Physical Therapy for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and continues to be treated for low back pain and left knee pain. He underwent a manipulation under anesthesia in February 2015 and did well. When seen, he was performing a home exercise program. He was having persistent low back pain with right lower extremity swelling and paresthesias. An epidural steroid injection had been denied. Physical therapy for lumbar strengthening was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to modify the claimant's current home exercise program, if needed, to include strengthening for the lumbar spine. The request is not medically necessary.