

<b>Case Number:</b>	CM13-0010524		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male with a date of injury on 02/25/1991. He had back pain when lifting things. He had lumbar surgery on 05/10/1991, 06/02/2001, 01/20/2003, 03/10/2004, 11/17/2008 and 04/29/2009. Lumbar MRI on 04/19/2012 revealed lumbar fusion at L4-L5 and L5-S1. On 07/05/2013, he had low back pain, positive seated straight leg raising on the right, lumbar facet tenderness and bilateral supine straight leg raising. There was decreased sensation over the right L5 and S1 dermatomes. Right big toe extensors and right knee extensors were 4+/5 strength. He has had a history of multiple courses of physical therapy, home exercise program and at one point had a spinal cord stimulator. On 12/06/2013, he had neck pain, right arm pain, back pain radiating to both legs (worse to the right leg), but no mention of left ankle or left foot symptoms. Left foot and ankle range of motion was normal. Strength of left foot and ankle and reflexes were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY (2) TIMES A WEEK FOR (12) WEEKS FOR THE LEFT FOOT/ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, ANKLE AND FOOT COMPLAINTS, 1044-1046

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

**Decision rationale:** There is no documentation of left foot and left ankle injuries. He has back pain that radiates to both legs (right worse than the left) but no documentation of left ankle and foot symptoms. There is no documentation of any recent left foot or left ankle surgery. Even if he had chronic pain, the MTUS maximum number of physical therapy visits would be 10. The requested 24 visits of physical therapy to the left ankle and foot is not substantiated and does not meet MTUS guidelines based on the documentation provided for review.