

<b>Case Number:</b>	CM13-0011384		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	05/26/2006
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	04/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 5'3", 187 lbs., 61 year-old male with a 5/26/2006 injury that apparently involves his lower back. The medical reports from ██████████ do not include a diagnosis. The diagnoses on the IMR application include, Right shoulder sprain, Left wrist fracture, hypertension, Right knee sprain, Right foot/ankle sprain. The UR dispute is in relation to 4/3/13 decision to deny an extension of PT x6. Unfortunately, I am not provided with a copy of the 4/3/13 UR decision, and do not know what medical report(s) were utilized to form the denial decision. The 8/26/13 report from ██████████ states the patient has 7-9/10 low back, right leg and bilateral feet pain. The patient also experiences a loss of balance and requires a cane. The patient is reported to have a history of hypertension, right knee arthroscopy x2, left forearm surgery x2 and lumbar fusion. ██████████ is appealing the ESI denial noting the SLR reproduces findings in the right L5 distribution

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

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

**Decision rationale:** The reports from [REDACTED] from 3/25/13, 4/22/13, 5/2/13 and 6/10/13 did not discuss PT or provide a diagnosis. These reports are directed at obtaining approval for an epidural injection. The PT request appears to be from [REDACTED], which he evidently appealed on 6/24/13 and appears to have requested it on the 3/18/13 report. [REDACTED] diagnosed the patient on 3/30/11 with right shoulder sprain, s/p RCR, left wrist fracture s/p ORIF, lumbar sprain s/p fusion with continued left lower extremity radiculopathy, right knee sprain, right foot/ankle sprain, anxiety and depression secondary to the industrial injury, hypertension, chronic pain and median nerve sensory neuropathy per 2/2011 EMG. I am provided with [REDACTED] reports back through Nov. 14, 2012 and it does not appear that the patient has had PT. MTUS guidelines recommend PT up to 10 sessions for various myalgias or neuralgias. The request for PT x6 appears to be in accordance with MTUS guidelines.