

<b>Case Number:</b>	CM13-0029659		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Physical Medicine and Rehab has a subspecialty in Sports Medicine 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 56 year old male who reported an injury on 07/09/2012. The mechanism of injury was a fall. He was later diagnosed with lumbar, left knee, and left ankle sprains/strains. He underwent an initial course of therapy for his knee and back that reported his pain level to be a 6/10, lower extremity motor strength 4/5, and numbness to left leg. He was discharged after 11 therapy sessions due to the fact he had met 90% of his goals. Discharge therapy note states that the pain in his left ankle had resolved and his back pain had reduced to 2/10 with motor strength increasing to 4+/5. The patient returned to his physician for a follow up visit and is noted to have complained of sharp and burning lower back pain that radiates to the buttocks and left leg, down to the big toe. This is aggravated by bending, sitting, squatting, and standing. At this visit it is mentioned that the patient shows signs of decreased sensation to the left L4 dermatome and that there is a positive straight leg raise bilaterally. An unofficial MRI showed facet joint enlargement especially on the right and disc bulging at L5-S1. Continued physical therapy was recommended. At this time, the patient resumed physical therapy for his lower back of an unknown duration. He reported a 7/10 pain score with radiating pain to left leg. There were no notes of final disposition after this course of therapy included in the medical records. He later consulted with an orthopedist for his left ankle and knee injuries. The patient was reported to have positive McMurray's sign and was diagnosed with a partial thickness tear to the proximal mid-anterior cruciate ligament, corroborated by an official MRI. A year after his initial injury, the patient was having severe pain and difficulty walking which required the use of a cane and later a walker. The official MRI of the ankle reported mild sprain, Achilles tendinosis, peroneal tenosynovitis, and mild sprain of the calcaneofibular ligament. It was noted that

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter..

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

**Decision rationale:** for the patient's diagnosis. The employee had already received 11 sessions of physical therapy for this diagnosis with noted objective improvement, and was started on a home exercise program as well. The request for twelve sessions of physical therapy is not medically necessary and appropriate.