

<b>Case Number:</b>	CM13-0039267		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Family Medicine, has a subspecialty in Pain 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 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:

This is a 47 yr. old male claimant sustained a work related injury on 7/25/12 involving the lower back and lower extremities resulting in a calcaneal fracture. He had an open reduction internal fixation of the ankle with subtalar fusion on 1/4/13. Subsequently he had received oral analgesics for pain, TENs unit an approximately 30 treatments with physical therapy. Approximately 8 months after his surgery, he made progress with weight bearing and range of motion but continued to have pain. A progress report on 9/18/13 indicated that his ankle had limited range of motion and had an antalgic gait. The claimant also complained of back pain. But no examination was performed of the low back. He was on opioids for analgesics. A pain management specialist for the back pain was made but an MRI was needed prior to the specialist seeing the claimant. A request was also made for additional therapy of 1 time a week for 6 weeks to possibly provide H-wave therapy and meet functional goals including strength, gait and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (1) TIME A WEEK FOR (6) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4604.5 (d) (1)

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

**Decision rationale:** In this case, the claimant had already received 30 treatments which exceed the recommended amount of visits. Additional therapy can be obtained through a home- based exercise program. The request for physical therapy above is not medically necessary.

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, An MRI is indicated for red flag symptoms and optional for peri-operative planning. There was no documentation of spine exam or red flag symptoms. An MRI prior to clinical examination by a specialist is not indicated and not medically necessary.