

<b>Case Number:</b>	CM13-0048570		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old woman with 6/19/12 work injury and complaints of foot pain and low back pain. The patient on the date of injury, June 19, 2012, was getting into her car after coming out of a patients home. She tripped on the curb, lost her balance, and went flat. 11/20/13 examination reveals a positive straight leg test Addendum for 10/23/2013 by [REDACTED] states, "On 10/23/2013, I called for a peer-to-peer review on the patient. This concerned her request for additional physical therapy for her foot. In addition. We discussed the request for physical medicine evaluation of her back. I believe actually the main request is really for a referral for physical medicine evaluation for workup of her back pain, lumbar disk disease, and nerve impingement. This reviewer apparently is not working on the physical medicine referral but was working on the referral for additional physical therapy. I reviewed the record and spent 15 minutes discussing this with him." 10/16/13 office visit- The patient returns, nothing has changed. The request to see a physical medicine specialist tor possible epidural was not yet approved. She has pain in her legs. She has pain laterally. She has had previous injections to left greater trochanter. She complains of pain along the left lateral leg. She complains of pain going down the legs. She comes in for further examination. PAIN ASSESSMENT SCALE: Pain scale is 3 to 4/10. PHYSICAL EXAMINATION: CARDIOVASCULAR- pulses intact NEUROLOGIC: Distal sensation intact to light touch. MUSCULOSKELETAL: She has tenderness along the left greater trochanter. A negative straight leg raising test. She has no significant tenderness the foot. X-RAYS: No new x-rays were taken Diagnoses-IMPRESSION: 1. Status post open reduction and internal fixation, left fist metatarsal fracture 2. Lumbar degenerative disk disease with nerve impingement.3. Left trochanteric bursitis. 11/29/12. Patient underwent OPEN REDUCTION. INTERNAL FIXATION O~ LEFT FIFTH METATARSAL

BASE FRACTURE WITH APPLICATION OF PLATE ARC LOCAL BONE GRAFT. For a LEFT FIFTH METATARSAL BASE FRACTURE. 8/28/13 Patient has had 6 physical therapy with focus on strength, ROM, and education on body mechanics and posture. Pt is progressing towards all goals end has met most goals. D/C pt to Independent with HEP at this time. 7/11/13 Office note states: SUBJECTIVE: The patient presents to the office today for followup. She has had a few weeks of physical therapy for her low back. This is finally helping with overall pain and radiculopathy down the left lower extremity. She is very pleased with her progress, but still is having pain and spasm particularly towards the end of the day. Her foot is unremarkable and has had no further pain or limitation. 7/3/13 report by [REDACTED]:" Subsequent to the healing of her fracture she has been in a physical therapy program to her left foot. She also received care, evaluations, and treatment of Left hip and lower back, a secondary consequence."

DIAGNOSTICS: MRI of the lumbar spine was performed at the [REDACTED] on 05/22/2013. It shows diffuse degenerative disk disease and multiple levels of degenerative disk bulge from L1-2 through LS-S1. There is grade 1 spondylolisthesis of L5 on S1 with bilateral spondylolysis. At that level, there is moderate-to-severe bilateral neural foraminal stenosis. There is mild to moderate left-sided neural foraminal stenosis at L4-5. 6/19/13 PT notes states that "Pt has had 10 physical therapy visits with focus on strength and ROM, and is progressing towards all goals, Cont to require soft tissue mobilization for increased tissue extensibility. Location: L spine, L hip" 5/7/13 PT request=Diagnosis: Lumbar Radiculopathy/Thoracic Radiculopathy Diagnosis #2: Fx closed metatarsal ICD-9: 825.25. Request 3x week x 4 weeks of PT 3/14/13 office note: IMPRESSION: 1. Status post open reduction and internal fixation of left 1st m

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy for the lumbar spine 3X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Additional physical therapy for the lumbar spine 3X4:is not medically necessary per MTUS guidelines. MTUS guidelines recommend up to 10 visits for this condition. Patient has already had at least 10 therapy visits which have included treatment for her low back (per 6/19/13 PT note). An additional 12 visits exceed recommended guidelines and is not medically necessary. She should be versed in a home exercise program at this point.