

<b>Case Number:</b>	CM13-0053903		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 and is licensed to practice in Texas. 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 58 year old female who reported an injury on 11/20/2011. The patient reportedly twisted her left ankle resulting in traumatic injury to the ankle, hip and lower back. The patient is diagnosed with lateral stenosis, osteoarthritis of the left hip and anterior talofibular ligament tear in the left ankle. The patient was seen by [REDACTED] on 09/18/2013. Physical examination revealed tenderness to palpation with spasm in the lumbar spine, diminished left hip range of motion, and tenderness with swelling about the lateral ankle ligaments. Treatment recommendations included a left ankle brace, authorization for left ankle surgery, and authorization for physical therapy 3 times per week for 4 weeks to the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 12 Physical Therapy visits for the lumbar spine:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, patient has previously undergone physical therapy treatment. However, documentation of the previous course of physical therapy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. The request is not medically necessary and appropriate.