

<b>Case Number:</b>	CM13-0055984		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/16/1998
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 74-year-old female who reported an injury on 12/16/1998. The mechanism of injury was not stated. The injured worker is currently diagnosed with disorders of the sacrum. The most recent physician progress reported submitted for this review is documented on 05/16/2013. The physician signature is illegible. The injured worker reported swelling and weight gain with the use of Lyrica. Physical examination revealed severe trigger points in the right posterior iliac crest with negative straight leg raise. Treatment recommendations at that time included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations. Therefore, the request is non-certified.

**1 PODIATRY CONSULTATION TO THE LEFT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 89-92.

**Decision rationale:** The California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination of bilateral feet. Therefore, there is no evidence of a musculoskeletal or neurological deficit. There is no mention of an exhaustion of conservative treatment with regard to the left foot prior to the request for a specialty consultation. The medically necessary has not been established. Therefore, the request is non-certified.