

<b>Case Number:</b>	CM13-0057439		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and 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 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 42-year-old male who reported an injury on 11/19/2002 from a fall. The 10/03/2013 clinic note reported a complaint of lumbar pain with radiation into the left leg and foot with numbness and tingling rated at a 5/10 to 7/10; left hip pain with radiation into the left and foot with numbness and tingling rated at a 6/10 to 10/10. He had associated locking, clicking and grinding in the left hip. His left knee pain was rated at a 5/10 to 10/10 with popping and left leg pain was a 4/10 to 10/10 with radiated into the foot with numbness and tingling. He had left ankle and foot pain with radiation into the toes, rated at a 0/10 to 5/10. On examination of the lumbar spine, he had 30 degrees of flexion, 10 degrees of extension, and 10 degrees of lateral bending bilaterally with tenderness to palpation of the lumbar paraspinal muscles bilaterally, hypertonicity on the left, and positive straight leg raise and Kemp's test. There was 4/5 muscle strength in the L5 and S1 muscle groups on the left with decreased sensation. His left knee had 130 degrees of flexion and 0 degrees of extension with medial line tenderness to palpation, positive McMurray's and patellofemoral grind test, and 4/5 strength with extension. He had 30 degrees of plantar flexion of the left ankle, 10 degrees of dorsiflexion, and 30 degrees of inversion. Additionally, he had 20 degrees of eversion with a positive dorsiflexion test on the left and anterior talofibular ligament test on the left. The note stated that the injured worker was previously diagnosed with a disc herniation and underwent extensive physical therapy. He was recommended for epidural injections, surgery, and a short course of physical therapy to manage the worsening of his lumbar spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back, Physical Therapy Guidelines.

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

**Decision rationale:** CA MTUS recommends 9 to 10 visits of physical therapy for myalgia and myositis; however, the documentation did not provide evidence of outcomes from his previous physical therapy and efficacy cannot be determined. Additionally, the request did not specify a body part to be treated. Furthermore, the documentation did not provide evidence of significant deficits to warrant the need for supervised physical therapy rather than a home program. Given the above, the request is non-certified.