

<b>Case Number:</b>	CM14-0012629		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 patient is a 64-year-old female who has submitted a claim for left thigh and right wrist sprain/strain associated with an industrial injury date of 11/27/2013. Medical records from February 2014 were reviewed and showed that patient complained of swelling and pain in the left ankle rated at 5 to 6/10. Patient noted that pain was unrelieved by attending physical therapy. Upon examination, there is positive tenderness to palpation at the distal fibula, positive swelling and antalgic gait. The patient is able to ambulate with a single crutch. Treatment to date has included pain and anti-inflammatory medications. Utilization review, dated 01/08/2014, denied the request for physical therapy because there were only minimal physical findings that would support the need for therapy. Type of physical therapy to receive and previous history of physical therapy was also not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 6 VISITS, 3 TIMES A WEEK FOR 2 WEEKS, TO THIGH AND WRIST:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on page 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy, although medical records submitted for review failed to specify the number of sessions approved and attended. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. The request likewise failed to specify the laterality of body part to be treated. Therefore, the request for physical therapy, 6 visits, 3 times a week for 2 weeks, to thigh and wrist is not medically necessary.