

<b>Case Number:</b>	CM14-0019133		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and 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 underlying date of injury in this case is February 2, 2012. The mechanism of injury in this case was a fall. The patient's diagnoses include status post right ankle arthroscopy with debridement on February 22, 2013. Previously at least 12 sessions of physical therapy have been certified, and the patient attended at least 9 of those sessions. On August 14, 2013, the treating orthopedic surgeon saw the patient in follow-up. At that time the patient had minimal complaints of ankle pain. The patient reported that her walking tolerance had increased and she could walk one mile without pain. The patient felt she was ready to return to work. On examination the patient's arthroscopic incisions were healed and the patient had a normal gait with no tenderness and no instability. The patient was diagnosed with an impingement syndrome of the right ankle status post arthroscopic surgery. An initial physician review recommended non-certification of additional physical therapy given the lack of a rationale for additional supervised rather than independent home therapy. A follow-up note of March 20, 2014 by the patient's treating physician states that the patient's right ankle pain was essentially resolved and did not limit her activities of daily living. However, the patient was having increased low back pain after having returned to work. The patient had made her best effort to perform regular duties but could no longer do this. That physician noted that physical therapy had been denied by the insurance carrier, although the physician did request physical therapy to the lumbar spine on an industrial basis. The patient had reduced lumbar motion due to pain. The patient was diagnosed with a chronic lumbar myofascial sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 SESSIONS (2 TIMES A WEEK FOR 4 WEEKS) OF PHYSICAL THERAPY TO THE LUMBAR SPINE: Overturned**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends 9-10 visits over 8 weeks for myalgia unspecified, transitioning to an independent home rehabilitation program. Prior physician review recommended non-certification of the request for physical therapy, noting that the patient would be anticipated to have transitioned to an independent rehabilitation program based on prior physical therapy. However, the medical records indicate that past physical therapy was directed at the patient's ankle, whereas currently the treatment request is for physical therapy to the low back in which the patient reported pain after returning to work. The treatment guidelines would support a period of supervised physical therapy specifically to the lumbar spine in this situation, particularly if such treatment may help facilitate success at continued return to work after an injury. The current treatment request is consistent with the treatment guidelines. This request is medically necessary.