

<b>Case Number:</b>	CM14-0120385		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, has a subspecialty in Interventional Spine 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 29 years old male with an injury date on 09/05/2012. Based on the 06/23/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar strain, rule out disc herniation, 2. Left ankle sprain, rule out ATFL tear versus OCD lesion, 3. Posttraumatic stress. According to this report, the patient complains of pain in the superior lumbar spine radiating to bilateral lower extremities, left great than right. The patient rated the pain as a 7/10. The pain is worse when walking, sitting, running and bending. Physical exam reveals marked tenderness over the bilateral lumbar paraspinals muscles and the lateral compartment of the left foot/ankle. Ranges of motion of the lumbar spine and left foot are limited with pain. Bilateral sitting straight leg raise is positive on the left lower extremities. There were no other significant findings noted on this report. The utilization review denied the request on 07/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-127, 98-99.

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

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with pain in the superior lumbar spine radiating to bilateral lower extremities, left great than right. The treater is requesting 6 additional sessions of physical therapy for the left foot. The utilization review denial letter states "Physical therapy (PT) X 12 sessions have occurred/approved." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show 12 physical therapy sessions was authorized on 03/12/2014. The patient had complete 4 out 12 sessions from 04/07/2014 to 04/25/2014. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the patient has 12 authorized sessions, the requested 6 additional exceed what is allowed by the guidelines. Recommendation is for denial.