

<b>Case Number:</b>	CM14-0137540		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Practice 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 44-year-old female who reported an injury after stepping in a pothole and falling on 05/22/2014. The medical records were reviewed. On 08/05/2014, her diagnoses included left ankle tendon strain. On 08/06/2014, it was noted that she had completed 12 sessions of physical therapy. The dates, modalities, and results of that physical therapy were not included in the submitted documentation. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) to (3) times a week for four (4) to six (6) weeks for the left ankle, right knee, lumbar, left thumb: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for Physical therapy two (2) to (3) times a week for four (4) to six (6) weeks for the left ankle, right knee, lumbar, and left thumb is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility,

strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule on myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The submitted documentation showed that this injured worker had already completed 12 physical therapy visits. The requested 8 to 16 visits exceed the recommendations in the guidelines. Therefore, this request for Physical therapy two (2) to (3) times a week for four (4) to six (6) weeks for the left ankle, right knee, lumbar, and left thumb is not medically necessary.