

<b>Case Number:</b>	CM14-0176097		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Emergency Medicine 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 injured worker is a 62 year-old male, who sustained an injury on October 18, 2012. The mechanism of injury occurred while lifting a 55 gallon drum when he fell and struck his head on a metal stanchion. Pertinent diagnostics are not noted. Treatments have included: medications, acupuncture, left ankle steroid injection. The current diagnoses are: post-concussion syndrome, lumbar sprain, myofascial pain syndrome, cervical degenerative disc disease, hip and thigh sprain, ankle sprain, depression, cognitive disorder. The stated purpose of the request for Physical Therapy 2 x 4 was not noted. The request for Physical Therapy 2 times a week for 4 weeks was modified for a trial of 6 sessions on October 7, 2014. Per the report dated September 25, 2014, the treating physician noted complaints of pain to the cervical spine, lumbar spine and lower leg, along with anxiety and depression. Exam findings included an antalgic gait, painful cervical range of motion, limited lumbar range of motion with paravertebral muscle tenderness, painful and restricted hip range of motion, restricted right knee range of motion with moderate effusion, left ankle atrophy and weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Physical therapy

**Decision rationale:** The requested Physical Therapy 2 times a week for 4 weeks is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 14, Ankle and Foot Complaints, Physical Methods, Pages 370-371; and Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Physical therapy, recommend a trial of 6 physical therapy sessions for delineated musculo-skeletal conditions, with further therapy dependent on documented functional improvement. The injured worker has pain to the cervical spine, lumbar spine and lower leg, along with anxiety and depression. The treating physician has documented an antalgic gait, painful cervical range of motion, limited lumbar range of motion with paravertebral muscle tenderness, painful and restricted hip range of motion, restricted right knee range of motion with moderate effusion, left ankle atrophy and weakness. The request for Physical Therapy 2 times a week for 4 weeks was modified for a trial of 6 sessions on October 7, 2014. The treating physician has not documented the medical necessity for physical therapy beyond the referenced guideline recommendations of a trial of 6 physical therapy sessions. The criteria noted above not having been met. Physical Therapy 2 times a week for 4 weeks is not medically necessary.