

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0022403 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 10/19/2012 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 01/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/22/2014 |

### 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, has a subspecialty in Interventional Spine and is licensed to practice in . 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:

This patient is a 54-year-old male with date of injury 10/19/2013. Examination showed positive spasms and tenderness, hamstring tightness, and decreased range of motion. The listed diagnoses are: Right knee patellofemoral pain, lumbar strain; Right ATFL/LFL sprain, plantar fasciitis; and Right MP/PIP pain, right first toe. Treatment recommendation was for physical therapy 2 times a week for 6 weeks. There are physical therapy notes from 09/21/2013 and 08/02/2013. 11/27/2013 progress report is handwritten also with complaints of pain and discomfort right foot and lumbar hamstring tightness, requesting authorization for physical therapy 2 times a week for 6 weeks. Progress report 10/14/2013 states the patient is getting better, requesting authorization for physical therapy of right foot and ankle and orthotics consult for right hand. MRI of the lumbar spine from 02/17/2014 showed degenerative endplate changes and facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR LUMBAR SPINE, RIGHT KNEE AND RIGHT FOOT (12 SESSIONS):** 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:** MTUS Guidelines supports 10 sessions therapy for myalgia, myositis, the type of condition this patient suffers from. MTUS Guidelines do not provide separate recommendations regarding arthritic conditions. The current request is for 12 sessions of therapy in addition to the therapy sessions the patient already received in the latter part of 2013. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines. There are also no reporting regarding how the patient is responding in terms of pain and function with prior physical therapy. There are no new injuries, no change in symptoms. Therefore, the request is not medically necessary.