

<b>Case Number:</b>	CM14-0202224		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female with an injury date on 02/03/2012. Based on the 11/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Coccyx pain mild improvement 2. L/S strain mild improvement 3. Achilles tendonitis [left] mild improvement 4. Sprain and strain of other and unspecified parts of back, lumbar spine active 5. Left pain in ankle mild improvement 6. Paresthesias left leg and foot active. According to this report, the patient complains of ankle pain radiates up medial calf. Lumbosacral spine pain and sprain "with new numbness shooting down the left leg to the top of the foot and toes. The numbness has been present for 3-4 weeks." Prolonged sitting/ standing and lying down make numbness worse. Examination findings of the left ankle show "mild tenderness, Achilles tendon, and modestly tender retrocalcaneal bursa." For the lumbosacral spine, tenderness and spasm are noted at the L3, L4, and L5 paraspinal muscle. The treatment plan is continue with physical therapy, remain P&S, continue "normal duty", and next office visit is 02/20/2015. The patient's past treatment consists of physical therapy. There were no other significant findings noted on this report. The utilization review denied the request for "physical therapy outside sessions (coccyx/lumbar/left ankle/leg/foot/Achilles" on 12/01/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/28/2014 to 11/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy outside sessions twice a week for four weeks (Coccyx/Lumbar/Left Ankle/Leg/Foot/Achilles): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

**Decision rationale:** According to the 11/21/2014 report, this patient presents with knee and lumbosacral pain. Per this report, the current request is for Physical Therapy outside sessions 2 times a week for 4 weeks (Coccyx/Lumbar/Left Ankle/Leg/Foot/Achilles. In reviewing the medical reports provided, the 02/14/2014 "OP Physical Therapy Visit Note" indicates that the patient has had 18 physical therapy sessions with progress. "Oswestry: 26% (from 42%)." MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician requested additional therapy but does not indicate what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In addition, the requested 8 additional sessions plus the 18 sessions the patient had had recently exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. Therefore, the request is not medically necessary.