

<b>Case Number:</b>	CM14-0040202		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 injured worker is a 49-year-old male who sustained an industrial injury dated 06/10/2012 to 06/10/2013. The only record submitted is a panel qualified medical evaluation dated 02/05/2015. The injured worker was complaining of pain in the cervical spine and bilateral upper extremities with numbness throughout the entire aspects of both hands. She also complains of constant pain in the lumbosacral spine, left ankle and left foot. Treatment to date includes an injection for her heel and diagnostics. Although chiropractic treatments and therapy are not specifically documented as prior treatments, the physician notes he reviewed therapy notes and chiropractic notes. Physical exam noted diffuse tenderness in the neck area and diffuse lumbosacral tenderness. Diagnosis includes cervical musculoligamentous strain/strain, bilateral carpal tunnel syndrome, rule out lumbosacral radiculopathy and status post left calcaneal bone spur excision and Achilles tendon reconstruction 07/31/2013. The request is for physical therapy 2 times a week for 4 weeks for left ankle.

### 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 times 4 weeks for left ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Ankle and Foot.

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

**Decision rationale:** The medical records for this patient did not include any progress notes, only a QME dated 02/05/15; all information is derived from this document. The patient complains of pain to the cervical spine, lumbosacral spine, left ankle, left foot, and occasional pain over the posterior aspect of the right calcaneus and plantar aspect of right heel. The patient's date of injury is 06/10/13. Patient is status post calcaneal bone spur excision and Achilles tendon reconstruction on 07/31/13. The request is for PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT ANKLE. The RFA was not provided. Physical examination dated 02/05/15 reveals a 5cm scar over the posterior aspect of the left heel, minimal swelling of the left heel and ankle. Treater notes diffuse tenderness to palpation over the left heel and left ankle. The patient is currently prescribed Gabapentin, Cyclobenzaprine, and Celebrex. Diagnostic imaging was not included. Per 02/05/15 QME, patient is advised to return to work with restrictions. MTUS Chronic Pain Management Guidelines, pages 98, 99 under Physical Medicine has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." About what appears to be an initial course of physical therapy for this patient's left ankle pain, the request appears reasonable. The QME provided, which includes a thorough history of this patient's medical care to date does not include evidence that this patient has undergone physical therapy for the left ankle to date. The requested 8 sessions of physical therapy falls within guideline recommendations and could produce benefits. Therefore, the request IS medically necessary.