

<b>Case Number:</b>	CM14-0072699		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 30 year old male with a work injury dated 1/18/14. The diagnoses include right ankle sprain, right groin strain. Under consideration are requests for right quadrant physical therapy to the right ankle and lumbar 8 units 2x4. A 1/20/14 physical exam revealed that the patient had tenderness to the right groin with abduction and with ambulation. The patient can able to toe walk without difficulty. There was edema, some erythema with subcutaneous ecchymosis along the lateral aspect of the right ankle. There is mild tenderness to palpation. The motor strength was 5/5 in flexion and extension. Valgus and varus are normal. There is a request for physical therapy. A 2/3/14 progress note states that the patient has no costovertebral angle tenderness. No ecchymosis. No external trauma. No point tenderness. No palpable spasm. No spinous tenderness. Normal gait. Reflexes symmetric. No tenderness. No erythema. Negative bilateral leg raise. Normal Sensation. There is decreased active range of motion: Extension: 5 degrees with pain and flexion: 60 degrees with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Quadrant Physical Therapy to the Right Ankle and Lumbar 8 units 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Pages 298-303, 369-371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)-Flexibility

**Decision rationale:** Right Quadrant Physical Therapy to the Right Ankle and Lumbar 8 units 2x4 is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends up to 10 visits of physical therapy for myalgia and neuritis. The request for an additional 8 visits of PT would exceed the guideline recommendations of therapy for this patient considering the patient's prior therapy visits for the ankle. The patient should be versed in a home exercise program. The low back exam does reveal some decreased range of motion however the ODG state that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. There are no significant other lumbar back exam findings that would necessitate 8 visits of supervised PT. It is not clear if the patient ever had prior lumbar physical therapy. The patient should be well versed in an ankle home exercise program. The request for right quadrant physical therapy to the right ankle and lumbar 8 units 2 x 4 is not medically necessary.