

<b>Case Number:</b>	CM15-0103318		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old male, who sustained an industrial injury on 8/02/2013, while employed as a carpenter, as a result of cumulative trauma. He reported injury to his neck, back, head, right hand, left ankle, and knees. The injured worker was diagnosed as having lumbar sprain/strain with radiculitis, left greater than right, cervical sprain/strain, rule out radiculitis, secondary to herniated cervical disc, left greater than right, left knee sprain/strain, internal derangement status post arthroscopy, right knee sprain/strain, internal derangement status post arthroscopy 2010, bilateral ankle sprain/strain, rule out internal derangement, cephalgia, gout, bilateral inguinal hernia, and sleep disorder. Treatment to date has included diagnostics, unspecified amount of physical therapy, and medications. Currently (most recent progress report 3/10/2015), the injured worker complains of neck pain with radicular symptoms into the bilateral arms, low back pain with radicular symptoms to the bilateral lower extremities, bilateral knee pain, and bilateral foot/ankle pain. Pain was not rated. Exam of the cervical spine noted positive foraminal compression test, positive Spurling's test, and tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle, bilaterally. Exam of the lumbar spine noted positive straight leg raise test bilaterally, tightness and spasm in the lumbar paraspinals, and hypoesthesia along the anterior lateral aspect of the foot and ankle bilaterally. Exam of the bilateral knees noted positive McMurray's test, positive chondromalacia patellar compression test, and medial joint line tenderness. Exam of the bilateral ankles noted tenderness to the plantar fascial attachment to the calcaneus, tenderness to the Achilles tendon attachment to the calcaneus, and medial and lateral joint line tenderness. Medications included Norco, Ultram, Anaprox, Prilosec,

Flexaril, Lidoderm patches, and compound creams. The treatment plan included continued physical therapy (2x5) for the lumbar spine and both legs. The previous progress report (1/27/2015) noted to continue physical therapy. Physical therapy progress notes were not provided. Work status was total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, twice a week for five weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 8/02/2013. The medical records provided indicate the diagnosis of lumbar sprain/strain with radiculitis, left greater than right, cervical sprain/strain, rule out radiculitis, secondary to herniated cervical disc, left greater than right, left knee sprain/strain, internal derangement status post arthroscopy, right knee sprain/strain, internal derangement status post arthroscopy 2010, bilateral ankle sprain/strain, rule out internal derangement, cephalgia, gout, bilateral inguinal hernia, and sleep disorder. Treatment to date has included diagnostics, unspecified amount of physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Physical Therapy, twice a week for five weeks. The medical records indicate the injured worker has had an unspecified number of visits. The MTUS recommends a total of 10 visits in most cases, but 24 for Reflex sympathetic dystrophy (CRPS).