

<b>Case Number:</b>	CM15-0107710		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: 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 46 year old male, who sustained an industrial injury on March 31, 2011. He reported a pallet jack pinned and crushed his left foot causing him to awkwardly twist his left knee and lower back in an abnormal manner. The injured worker was diagnosed as having flat foot, and tear of medial cartilage or meniscus of knee current. Treatment to date has included x-rays, cortisone injections, MRIs, electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, orthotics, and medication. Currently, the injured worker complains of lumbar spine pain associated with his chronic flat foot deformity, with occasional flare ups causing myofascial pain in his lumbar spine. The Treating Physician's report dated January 30, 2015, noted the injured worker reported his pain was a 7-8/10 in his low back region along with pain migrating from his foot and ankle region. The injured worker reported physical therapy in the past would help restore him to his baseline level and continue to function with his normal occupational duties. Physical examination was noted to show the injured worker with an antalgic gait with a pain limp gait with guarding of the lumbar spine. The lumbosacral spine was noted to have diffuse myofascial tenderness upon palpation of the lumbar spine, with exquisite tenderness noted in the right and left flank and medial low back. Testing was noted to be limited due to apprehension, guarding, and pain, with straight leg raise noted to be positive. Pain was noted in the plantar aspect of the left foot with left calcaneal valgus and rearfoot valgus. The treatment plan was noted to include requests for authorization for two pairs of custom orthotics and six sessions of physical therapy for the lumbar spine, left foot, and 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 for 3 weeks to lumbar spine, left ankle and foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The patient presents with knee and low back pain rated 7-8/10. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS TO LUMBAR SPINE, LEFT ANKLE AND FOOT. The request for authorization is not provided. Physical examination of the lumbosacral spine reveals diffuse myofascial tenderness noted upon palpation. Spasm in the paraspinal region of the lumbosacral spine. Positive straight leg raising. McMurray and Grind tests are positive. Physical therapy in the past would help restore patient to his baseline level and continue to function with his normal occupational duties. Per progress report dated 04/20/15, the patient is returned to regular work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: 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." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, per UR letter dated 05/01/15, reviewer notes, "prior treatments included 38 certified physical therapy visits which the patient reported a reduction in symptoms and improvements in the function of more than 25 percent." The request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.