

<b>Case Number:</b>	CM15-0142783		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, Pain Management

### 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 51-year-old female with an industrial injury dated 04-19-2014. The mechanism of injury is documented as a fall with injury to left knee and right ankle. She states on 08-23-2014 she was in the sleeper of a truck when it suddenly stopped throwing her forward. She experienced pain all over her body. Her diagnoses included internal derangement of knee, internal derangement of the ankle, foot, and sprains and strains of wrist. Prior treatment included leg support, ankle support, physical therapy, diagnostics and medications. She presents on 05-07-2015 for follow up visit. The provider documents there have been no significant improvement since the last exam. The injured worker continued to have left hand and thumb pain as well as weakness. She also continued to have left knee and ankle pain with swelling. Physical examination of the wrist noted tenderness to pressure over the left wrist line. There was spasm and tenderness of the paraspinal muscles. Sensory examination showed no deficit in any of the dermatomes of the lower extremities to pinprick or light touch. Range of motion was restricted. Left knee joint line was tender to palpation. There was tenderness to pressure over the right ankle joint line. Sensory was reduced in right ankle. Treatment plan included medications diagnostics and physical therapy. The treatment request is for 12 physical therapy sessions for the left knee, right ankle and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the left knee, right ankle and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298, 337-338, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy, Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, there is no indication of any recent physical examination findings identifying objective functional deficits in the lumbar spine to support the need for lumbar spine physical therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.