

<b>Case Number:</b>	CM15-0145568		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, foot, and ankle pain reportedly associated with an industrial injury of November 17, 2014. On July 2, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a June 23, 2015 RFA form in its determination. The claims administrator did, however, partially approve 10 sessions of physical therapy while noting that the applicant had had 10 documented sessions of neck and back therapy through the date of the request. On June 10, 2015, the applicant reported ongoing complaints of foot, ankle and low back pain. The applicant was placed off of work, on total temporary disability, it was reported. Several topical compounded medications, gabapentin- pyridoxine, orphenadrine-caffeine and omeprazole-flurbiprofen were prescribed while the applicant was kept off of work. An aggressive therapy program was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of aggressive physical therapy over 4 weeks for low back and right ankle:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Page(s): 8; 99.

**Decision rationale:** No, the request for 12 sessions of physical therapy for the back and ankle was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, June 10, 2015. The applicant remained dependent on a variety of oral topical agents, it was reported on that date, including orphenadrine-caffeine, gabapentin-pyridoxine, and omeprazole-flurbiprofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.