

<b>Case Number:</b>	CM15-0146980		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 45 year old male, who sustained an industrial injury on August 25, 2014. He reported injury to the right ankle and foot. The injured worker was diagnosed as having thoracic strain, lumbar radiculopathy, sprain of right ankle with partial tear anterior talofibular ligament. Treatment to date has included diagnostic studies, physical therapy and medication. Notes stated that physical therapy provided him with transient relief, particularly with the electrical stimulation modality. On June 9, 2015, the injured worker complained of moderate to severe cervical spine pain, constant thoracolumbar spine pain and constant right ankle pain. The right ankle pain was described as severe. Physical examination of the ankle revealed swelling, stiffness, weakness and tightness. His ankle symptoms are exacerbated by all weight bearing activities. He reported that his ankle gives out on him at times. The treatment plan included an orthopedic evaluation on an as needed basis. On July 7, 2015, Utilization Review non-certified the request for physical therapy one time a week for six weeks for the right ankle and foot, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x a week for 6 weeks for the right ankle/foot: Upheld**

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

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

**Decision rationale:** The patient presents with neck, back, right wrist, and right ankle/foot. The request is for Physical Therapy 1 x a week for 6 weeks for the right ankle/foot. The request for authorization is not provided. MRI of the RIGHT ankle, 04/16/15, shows patchy faint T2 areas of signal abnormality on the lateral aspect of the calcaneus with normal T<sub>1</sub> signal and no linear fracture. Physical examination reveals tenderness lumbar spine paraspinals and RIGHT ankle/foot. Painful range of motion lumbar spine and RIGHT foot/ankle. Patient's medications include Norco. Per progress report dated 07/22/15, the patient remains off-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. Additionally, per UR letter dated 07/07/15, reviewer states, "The patient has attended an unknown number of therapy sessions to date, but at least 12 sessions of physical therapy were attended." In this case, 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.