

<b>Case Number:</b>	CM15-0166968		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Family Practice

### 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 was a 50 year old female, who sustained an industrial injury, June 10, 2013. The injury was sustained when a beam fell, hitting the injured worker and knocking the injured worker to the ground. The injured worker previously received the following treatments Tramadol with Acetaminophen, Bio-Freeze pack, Lidocaine-Prilocaine cream, Dendracin Lotion, physical therapy and home exercise program. The injured worker was diagnosed with 5th metatarsal fracture, post-concussion syndrome, cervical radiculopathy, carpal tunnel syndrome, and ulnar nerve lesion, pain in limb and head injury not otherwise specified. According to progress note of July 16, 2015, the injured worker's chief complaint was head, back, wrist, left shoulder and right foot. The injured worker found physical therapy to be helpful. The injured worker rated the pain 5 out of 10. A physical exam was not performed at this office visit. The treatment plan included additional request for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional physical therapy sessions for the right foot 2 times a week for 4 weeks: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are recommendations for the goals of physical therapy and the number of recommended sessions. When prescribed, use of physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) which is directed towards an active self-directed home exercise program. Regarding the number of sessions, the above-cited guidelines state the following: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already received approximately 12 sessions of physical therapy. It would be expected that the patient has been directed towards a home exercise program. There is no evidence in the records to indicate that the patient is incapable of engaging in a home exercise program. Further, there is insufficient evidence of objective outcomes from the 12 prior sessions to justify additional physical therapy. For these reasons, 8 additional physical therapy sessions for the right foot (2 X a week for 4 weeks) is not considered as medically necessary.