

<b>Case Number:</b>	CM15-0197969		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 28-year-old female with a date of industrial injury 3-20-2014. The medical records indicated the injured worker (IW) was treated for lumbar spine musculoligamentous strain-sprain with radiculitis, rule out lumbar spine discogenic disease; bilateral hip strain-sprain versus lumbar radiculitis, right hip bursitis; bilateral knee strain-sprain versus lumbar radiculitis; bilateral ankle strain-sprain; and bilateral foot plantar fasciitis. In the progress notes (7-22-15), the IW reported pain in the lower back, bilateral hips, bilateral knees and bilateral ankles and feet rated 3 to 5 out of 10; her pain was improved in the lower back, right hip, right knee and bilateral ankles and feet since her last visit, but the left knee pain increased to 5 out of 10 from 3 out of 10. Medications included Tramadol 50mg and FLURBI (NAP) cream-LA. On examination (7-22-15 notes), there was grade 2 tenderness over each area. There was "no change in the neurocirculatory exam". Treatments included chiropractic care, shockwave therapy (right foot) and physical therapy (at least 12 sessions). The IW was released for full duty. A Request for Authorization dated 8-13-15 was received for physical therapy for the lumbar spine, bilateral knees, bilateral ankles and bilateral feet twice a week for six weeks. The Utilization Review on 9-14-15 non-certified the request for physical therapy for the lumbar spine, bilateral knees, bilateral ankles and bilateral feet twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine, bilateral knees, bilateral ankles, bilateral feet 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy lumbar spine, bilateral knees, bilateral ankles, bilateral feet 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT at least 12 sessions already. The documentation is not clear on the outcome of prior therapy or why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.