

<b>Case Number:</b>	CM15-0199472		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Hawaii

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 49 year old male, who sustained an industrial injury on 2-10-15. The injured worker is diagnosed with cervical, lumbar, right knee, right ankle and left wrist sprain-strain, cephalgia and lumbar radiculitis. His work status is modified duty. Notes dated 8-4-15 and 8-13-15 reveals the injured worker presented with complaints of constant bilateral neck pain associated with headaches and described as pressure; constant low back pain that radiates down his right leg described as electrical; intermittent right leg pain described as tingling, numbness and weakness; right ankle pain and left thumb pain. His pain is exacerbated by movement, prolonged standing, sitting and walking and is rated at 6 out of 10. Physical examinations dated 6-22-15 and 8-13-15 revealed a slow gait, painful ankle range of motion in the lateral region, spasms are noted in the right L4-S1 region and decreased and painful lumbar and cervical spine range of motion. There is cervical spine tenderness at the left sided lateral mass at the base. A right straight leg raise, right Patrick Fabere, and "BLR" cause right low back and sacroiliac pain. There is tenderness at the left radial wrist joint line, a positive Finkelstein's test and grind test. Left wrist range of motion is within normal limits. Treatment to date has included chiropractic care, which improved symptoms per note dated 8-13-15, medication helps his pain per note dated 8-4-15 and home exercise program has improved passive range of motion per note dated 5-15-15. Diagnostic studies to date have included a lumbar MRI (2015). A request for authorization dated 9-14-15 for P2P physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine and right ankle and right knee is denied, per Utilization Review letter dated 9-18-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**P2P 2xwk x 4 wks Cervical spine, Lumbar spine, Right ankle, Right knee: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the cervical spine, lumbar spine, right ankle and right knee. The current request is for P2P 2xwk x 4 wks Cervical spine, Lumbar spine, Right ankle, Right knee. The requesting treating physician report dated 8/13/15 (34B) is partially illegible and provides no rationale for the current request. The UR report dated 9/18/15 (6A) states, "claimant authorized for six sessions of PT on 3/13/15." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy. The patient's status is not post-surgical. In this case, the patient has received at least 6 sessions of physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.