

<b>Case Number:</b>	CM15-0199946		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 55-year-old female, who sustained an industrial-work injury on 7-25-14. She reported initial complaints of back and ankle pain. The injured worker was diagnosed as having sprain-strain of knee, leg, and lumbar spine. Treatment to date has included medication and 12 sessions of physical therapy. Currently, the injured worker complains of continued back pain. Range of motion is improving but feels ankle still needs treatment and back pain continues without radiation. Per the primary physician's progress report (PR-2) on 8-20-15, exam noted slight moderate paraspinal guarding and tenderness, neuro intact, straight leg raise is negative, ankle slightly swollen and range of motion much improved. Current plan of care includes PT (physical therapy) 2 x week for an additional 6 weeks. The Request for Authorization requested service to include Additional physical therapy 2 times a week for 6 weeks for the left ankle (12) outpatient. The Utilization Review on 9-9-15 denied the request for Additional physical therapy 2 times a week for 6 weeks for the left ankle (12) outpatient, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 6 weeks for the left ankle (12) outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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

**Decision rationale:** The patient presents with continued back pain. The current request is for Additional Physical Therapy 2 x 6 for the left ankle outpatient. The treating physician states, in a report dated 08/20/15, "PT 2X/week for an additional 6 weeks." (7B) MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. On 08/20/15, the treating physician recommended an additional 12 sessions. In this case, there is no rationale provided to indicate why the patient is not able to transition into a self-directed home exercise program. In addition, there is no new report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. The patient has participated in 12 PT sessions (7B), and the requested additional 12 sessions exceeds MTUS recommendation for 9 to 10 sessions. The requested additional PT is not medically necessary.