

<b>Case Number:</b>	CM15-0204030		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/09/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 9-9-15. The injured worker was diagnosed as having right ankle sprain and left thigh sprain. Subjective findings (9-21-15) indicated no pain only discomfort. The injured worker noted that physical therapy is helpful. Objective findings (9-21-15) revealed minimal and resolving tenderness in the right ankle and deltoid ligament. As of the PR2 dated 9-21-15, the injured worker reports no pain. She noted that physical therapy is helpful and she is no longer taking pain medications. Objective findings include minimal and resolving tenderness in the right ankle and deltoid ligament. Treatment to date has included physical therapy (from at least 9-11-15 to 10-9-15), Biofreeze and Naproxen. The Utilization Review dated 10-7-15, non-certified the request for physical therapy 3x weekly for 2 weeks for the right ankle and left thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 2 right ankle and left thigh:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy 3 times 2 right ankle and left thigh is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had at least 5 PT sessions already for this condition. The patient should be versed in a home exercise program. There are no extenuating factors on physical exam which would necessitate 6 more supervised therapy visits. Therefore, this request is not medically necessary.