

<b>Case Number:</b>	CM15-0023665		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, 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 is a 56 year old male who sustained an industrial injury on 05/29/2012. Current diagnoses include lumbar spondylosis, right lumbar radiculopathy, thoracic spondylosis, and right ankle arthralgia. Previous treatments included medication management, boot, and prior physical therapy. Report dated 01/03/2015 noted that the injured worker presented with complaints that included low back and right lower extremity pain. Physical examination was positive for abnormal findings. Documentation submitted did not include any prior physical therapy progress notes. Utilization reviewer noted that the injured worker had completed 12 prior physical therapy treatments. Per the doctor's note dated 12/11/14 patient had complaints of right ankle pain at 5/10. Low back pain Physical examination of the right ankle revealed limited range of motion, tenderness on palpation, swelling and antalgic gait. The medication list include Tramadol, Cyclobenzaprine. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right foot ankle 3x4:** 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 therapy Page(s): page 98.

**Decision rationale:** Request: Physical therapy right foot ankle 3x4. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patient has completed 12 prior physical therapy treatments for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy right foot ankle 3x4 is not fully established for this patient.