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| <b>Case Number:</b>   | CM15-0037418 |                              |            |
| <b>Date Assigned:</b> | 03/05/2015   | <b>Date of Injury:</b>       | 12/21/2010 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 02/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2015 |

### 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  
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 61-year-old female who sustained an industrial injury on 12/21/10. The injured worker reported symptoms in the right lower extremity. The diagnoses included right foot neuroma, cervical strain, and tarsal tunnel syndrome. Treatments to date include activity modification, anti-inflammatory medications and physical therapy. In a progress note dated 1/19/15, the treating provider reports the injured worker was with "numbness of plantar pads positive tenderness and sensitivity bilateral 2/3 toes/webspace."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the 01/19/2015 hand written report, this patient presents with right foot/ankle pain "having some relief to symptom with treatment." The current request is for

Physical therapy 2 times a week for 6 weeks, right lower extremity. The request for authorization is on 01/20/2015. The patient's work status is to return to full duty with no limitation. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no documentation that the patient is in a post-operative time frame regarding physical therapy for the right lower extremity. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the reasons for the requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.