

<b>Case Number:</b>	CM15-0046694		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 21 year old male who sustained an industrial injury on 08/13/2013. Current diagnoses include lumbar spine strain and left ankle strain. Previous treatments included medication management and physical modalities. Diagnostic studies included MRI of the lumbar spine on 11/19/2014, and Drug Adherence Assessment Report dated 01/22/2015. Initial complaints included lower back and left ankle problems due to a fall. Report dated 01/13/2015 noted that the injured worker presented with complaints that included lower back pain, left ankle pain, numbness of the left leg and left ankle, and tingling of the left leg and left ankle. Physical examination was positive for abnormal findings. The treatment plan included request for authorization for physiotherapy evaluate and treat, lower extremity electrodiagnostic studies, x-rays of the lumbar spine, pelvis, and left ankle, pain medicine consultation for chronic pain, and follow-up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy: 2x/week for 6 weeks (lumbar spine, left ankle): 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 medicine Page(s): 98-99.

**Decision rationale:** Based on the progress report dated 01/22/15, the patient presents with lower back pain and left ankle pain. The request is for physiotherapy: 2 x 1 week for 6 weeks (lumbar spine, left ankle). The RFA is not provided. Patient's diagnosis on 01/22/15 included lumbar spine strain and left ankle strain. Physical examination revealed lumbar spine strain with decreased range of motion and left ankle strain. MRI of the lumbar spine on 11/19/14 revealed a compression fracture of the superior end plate of L-3 vertebra with anterior wedging. Patient's medications include Motrin, and Tramadol. Patient is currently working with restrictions, per treater report dated 01/22/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request, nor a precise treatment history. UR Letter dated 02/25/15 states that the patient was recommended for 12 physical therapy sessions and completed those treatments on 11/25/13, and continues to state, "However there is no indication of the claimant's response to physical therapy." Given the patient's diagnosis, continued symptoms, and a while since last therapy, a short course of physical therapy would be indicated by guidelines. In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for an additional 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.