

<b>Case Number:</b>	CM15-0047305		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/14/2001
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, North Carolina  
 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 53-year-old male who sustained an industrial injury on 9/14/01. The injured worker reported symptoms in the right shoulder and right lower extremity. The injured worker was diagnosed as having status post head trauma, status post craniotomy, subdural hematoma, hemiparetic spastic paretic on the right side, foot drop on the right side, status post right acromioclavicular joint separation, rib fractures and cognitive disorder. Treatments to date have included oral pain medication, and physical therapy. Currently, the injured worker complains of pain, spasms in the right shoulder, and pain and numbness in the right lower extremity. The plan of care was for physical therapy, medication prescriptions and a follow up appointment later.

### 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 4 weeks, right lower extremity:** Upheld

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

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

**Decision rationale:** The patient suffered severe head trauma in 2001, which in part resulted in hemiparetic paresis on the right and right foot drop. He now complains of pain and numbness in the right lower extremity and a request is submitted for physical therapy 2x/week for 4 weeks to the right lower extremity. There is no supporting documentation for a new injury to the right leg necessitating physical therapy. The leg symptoms have evidently been present since the head injury in 2001, and physical therapy for this disability 14 years later is not recommended by MTUS. MTUS does recommend 8-10 visits over 8 weeks to treat a problem acutely, however this patient's condition is chronic and PT is unlikely to improve it. There is also no documentation that home exercises have been tried and failed, which would be a prerequisite to PT. This request is deemed not medically necessary.