

<b>Case Number:</b>	CM15-0051034		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old male who sustained an industrial injury on 10/30/14 when he was pushed in the face and fell backwards striking his lower back. He was also scratched in the right eye. He initially complained of right eye and low back pain. He was given artificial tears and back brace. He has x-rays of his lumbar spine and face which were normal. He was given Motrin. Of note, on 10/10/14 he was kicked in the right foot and felt pain but continued working. He currently complains of intermittent low back pain (5/10) with occasional radiation to the lower extremities, right foot pain and swelling (7/10) with numbness and redness. He has sleep difficulties due to pain. He has some limitation in performing activities of daily living. Medications are Tylenol XS; naproxen. Diagnoses include face contusion; lumbar spine contusion; conjunctivitis right eye; head trauma; sprain/ strain right ankle. Treatments to date include medication, lumbar spine brace, x-rays of face and lumbar spine (10/31/14). Diagnostics include x-rays of the face and lumbar spine (10/31/14) normal; MRI of the right ankle (12/10/14) abnormal; MRI lumbar spine (12/10/14) abnormal. In the progress note dated 11/25/14 the treating provider's plan of care includes physical therapy 3X4 for the low back. In the progress note dated 2/3/15 the treating provider's plan of care includes a request for physical therapy 3X4 to the lumbar spine and right ankle as there is no improvement in low back and right ankle pain and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the lumbar spine and right ankle: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Ankle & Foot (Acute & Chronic), physical therapy (2) Low Back ? Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and continues to be treated for low back and right ankle pain. Treatments have included medications and acupuncture. He has not had physical therapy. Imaging of the ankle showed findings of edema and talar dome osteochondral defect. The claimant is being treated for injuries with diagnoses of a lumbar strain and ankle pain. Physical therapy treatment for the claimant's low back would be expected to include up to 9 therapy sessions and up to 9 therapy sessions for his ankle. Concurrent treatment for both would not be expected. Therefore, the requested 12 physical therapy sessions was medically necessary.