

<b>Case Number:</b>	CM15-0084328		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 60-year-old female who sustained an industrial injury on 12/08/1997. Current diagnoses include cervical myofascial pain, cervical spondylosis, left knee pain, chronic pain syndrome, crush injury-right leg, and lumbar spondylosis. Previous treatments included medication management, nerve block injections, brace, right ankle surgery, radio-frequency facet ablation, home exercise program, and chiropractic. Previous diagnostic studies include urine drug screening. Report dated 03/25/2015 noted that the injured worker presented with complaints that include right lower extremity pain, low back pain, and neck pain. Pain level was not included. Physical examination was positive ambulation with the use of a walker, left knee edema, load shift is present, medial compartment tenderness, and medial compartment stress test reproduces pain. The treatment plan included request for a left knee x-ray, consideration of trigger point injections, continuation with medications, and urine drug screening will be performed. Disputed treatments include 6 treatments (adjustments/physical therapy) for the right foot, right ankle, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 6 for the right foot, right ankle and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Physical Therapy page(s): 58, 59, 98,99.

**Decision rationale:** MTUS Guidelines are specific that manual therapy of the foot and ankle are not recommended. A careful review of the records reveals that this request is for manual therapy (chiropractic) and not formal physical therapy. Also, this individual recently completed physical therapy for the low back and no lasting changes are noted. MTUS Guidelines also recommend a limitation of therapy from 8-10 sessions for chronic musculoskeletal pain and the request for an additional 6 sessions for the lumbar area exceeds Guidelines without justification. The request for manual/physical therapy X 6 for the right foot, right ankle and lumbar spine is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request is not medically necessary.