

<b>Case Number:</b>	CM15-0084783		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 33 year old male who sustained an industrial injury on 02/12/2015 resulting in the right elbow fracture dislocation, right lateral compress type II pelvic ring injury, right ankle sprain, and right L5 transverse process fracture. Treatment provided to date has included: right elbow surgery (02/17/2015) with post-op physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: x-rays of the right elbow, pelvis, right femur, right hip, and right ankle; and CT scan of the brain. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/01/2015, physician progress report noted complaints of discomfort with reaching, gripping, grasping, squeezing due to cellulitis in the right upper extremity after undergoing an open reduction internal fixation to the right elbow on 02/17/2015. Additional complaints include decreased range of motion (ROM) and weakness in the right upper extremity, right ankle pain with walking and standing, and low back pain (rated 5/10 in severity) with difficulty standing, walking or sitting. The physical exam findings were deferred to "dictation notes"; however, these were not submitted. The provider noted diagnoses of lumbago, status post right elbow surgery, right hip/pelvis derangement, and right ankle strain/sprain. Plan of care includes MRI of the pelvis, right hip, and lumbar spine, 12 sessions of acupuncture, 12 sessions of physical therapy for the right ankle and lumbar spine, continued medications, and follow-up. The injured worker's work status temporarily totally disabled. Requested treatments include 12 sessions of physical therapy for the right ankle and lumbar spine which was modified to 9 sessions of physical therapy for the 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 2 times a week for 6 weeks for the right ankle and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Requested treatments include 12 sessions of physical therapy for the right ankle and lumbar spine which was modified to 9 sessions of physical therapy for the right ankle and lumbar spine. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2 times a week for 6 weeks for the right ankle and lumbar spine is not medically necessary and appropriate.