

<b>Case Number:</b>	CM14-0125800		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old male with a date of injury of 03/03/2014. The listed diagnoses per [REDACTED] are: 1. Status post left ankle fracture, now healed. 2. Lumbar musculoligamentous sprain /strain with lower extremity neurologic symptoms. 3. Hypertension secondary to stress and industrial injury. 4. Headaches, dizziness, and fatigue. According to progress report 07/08/2014, the patient presents with low back pain that radiates into his left hip and continued left ankle pain that radiates into his calves and toes. Examination of the lumbar spine revealed spasm and tenderness to palpation over the lumbar paravertebral musculature and positive sciatic notch. There was positive straight leg raise test on the left with numbness and tingling radiating to the foot. Examination of the ankle revealed tenderness over the peroneal tendons as well as the deltoid ligament. Range of motion was decreased in all planes on the left. Clonus is absent bilaterally. The treating physician is requesting physical therapy treatment program for the patient's lumbosacral spine and left ankle rehabilitation 2 to 3 times per week for 6 weeks. Utilization Review denied the request on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 times a week for 6 weeks lumbosacral spine and left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot.

**Decision rationale:** This patient presents with low back and left ankle pain. The patient is status post ankle fracture from 3/3/14 that is "now healed." The treating physician is requesting additional physical therapy 2 to 3 times per week for 6 weeks. The treater only provides the initial physical therapy examination report. Therefore, how many sessions the patient received and the progression from these sessions is unclear. Utilization review states that the patient has participated in 24 physical therapy sessions to date. For physical medicine, the MTUS Guidelines recommends for ankle fractures, 21 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the treating physician's request for additional 12-18 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not explain why additional therapy is being requested and what can be accomplished with these additional sessions. Given the above the request is medically necessary.