

<b>Case Number:</b>	CM14-0140067		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 & Rehabilitation 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 injured worker is a 53 year old male who reported an injury on 09/15/2005; the mechanism of injury was not provided. Diagnoses included degenerative disc disease with radiculitis, and peripheral neuropathy. Past treatments included physical therapy of the left foot. Diagnostic studies included an MRI of the left foot on 11/06/2013 which indicated tenosynovitis and mild lymphedema. Surgical history included bilateral tarsal tunnel release and right foot plantar release on 07/26/2014. The clinical note dated 08/06/2014, which was handwritten and largely illegible, indicated the injured worker complained of pain rated 7/10; the location of the pain was not described. Physical exam revealed positive straight leg raise and decreased range of motion due to pain. Current medications included Prilosec. The treatment plan included physical therapy 3x6. The rationale for treatment and the request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8-10 visits over 4 weeks. The clinical note dated 08/06/2014, which is handwritten and largely illegible, indicated the injured worker complained of pain rated 7/10; the location of the pain was not described. He also had a right foot plantar release on 07/26/2014. Physical exam revealed positive straight leg raise and decreased range of motion due to pain. The request for 18 visits of physical therapy would exceed the guideline recommendation of 8-10 visits. There is a lack of documentation indicating the injured worker has significant objective functional deficits. The documentation does not indicate how many sessions of physical therapy the injured worker has completed, as well as the efficacy of any prior physical therapy. The submitted request does not indicate the site at which the physical therapy is to be performed. Therefore the request for physical therapy 3x6 is not medically necessary.