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| <b>Case Number:</b>   | CM14-0166192 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 05/23/2014 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 09/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2014 |

### 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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 5-23-14. Medical Records reflect the claimant has been treated with physical therapy. Office visit on 9-19-14 notes the claimant has back, left hip, left knee and left ankle pain. The claimant has tenderness at the lumbar spine, decreased range of motion. She has normal strength. Exam of the left hip shows tenderness at the left hip and pain with range of motion. Exam of the left knee shows tenderness. Exam of the left ankle shows swelling, tenderness and pain with inversion stress testing. Office visit on 9-26-14 notes the claimant reports pain to the left hip, left knee and left ankle. She is not currently working. Her strength is 5/5. She has no sensory deficits. Medical Records reflect this claimant has had at least 11 physical therapy sessions from 6-1-14 through 7-25-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 11 physical therapy sessions. Functional improvement with prior physical therapy is not documented. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Additionally, physical therapy to unknown areas is not supported. Therefore, the medical necessity of this request is not established.