

<b>Case Number:</b>	CM14-0173957		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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. 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 56 year old male, who sustained an industrial injury on August 5, 2014. He reported low back, left calf and left ankle pain. The injured worker was diagnosed as having left calf strain, ankle sprain and lumbar spine musculoligamentous sprain and strain. Treatment to date has included diagnostic studies, physical therapy and medication. On September 24, 2014, the injured worker complained of increased pain in the left leg lateral surface and increased pain in the low back. His pain was described as constant, ache, numbness and moderate. The pain was rated as a 5 on a 1-10 pain scale. His left ankle was noted to be improved about 30% due to therapy. Notes stated that he completed 11 out of 12 physical therapy sessions. Physical examination of the lumbar spine revealed tenderness to palpation over the lower lumbar spine with muscle spasm. Straight leg raising test was positive eliciting low back pain. Range of motion of the lumbar spine was flexion 50 degrees, extension 20 degrees, right side bending 20 degrees and left side bending 20 degrees. The treatment plan included discontinue Norco and start Anaprox for inflammation, additional six physical therapy sessions, continuation of home exercises and a follow-up visit. On October 7, 2014, utilization review denied a request for six physical therapy sessions. A request for Anaprox DS (Naproxen Sodium) 550mg #60 was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient was injured on 08/05/14 and presents with pain in his low back, left leg, and left ankle. The request is for Six physical therapy sessions for the lumbar spine to focus on increasing range of motion, function, and activities of daily living. The RFA is dated 09/24/15 and the patient is to return to modified work duty on 09/24/14 with no lifting over 20 lbs and no repetitive bending/stooping. The 09/24/14 report states that the patient "has been attending 11 out of 12 physical therapy sessions." MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has tenderness to palpation over the lower lumbar spine with muscle spasm, a positive straight leg raise test which elicits low back pain, and a limited lumbar spine range of motion. He is diagnosed with left calf strain, ankle sprain and lumbar spine musculoligamentous sprain and strain. Treatment to date includes diagnostic studies, physical therapy and medication. The treater is requesting 6 additional therapy sessions "directed to the lumbar spine to focus on increasing range of motion, function, and activities of daily living. The patient is to continue with home exercise program and stretching." It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function or when these sessions occurred. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 6 sessions of physical therapy in addition to the 12 sessions the patient has already had exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.