

<b>Case Number:</b>	CM14-0213225		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 & Rehabn

### 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 35 year old female with an injury date on 4/23/13. The patient complains of improved right ankle pain with some crackling that happens with motion, lower back pain radiating into her left buttocks/hip, rated 5/10 on VAS scale per 11/7/14 report. The patient complains of particularly acute pain in the left side of her low lumbar with tightness along her spine, increased with prolonged sitting per 11/7/14 report. The patient had a sacroiliac joint injection on 5/30/14 with over 50% improvement in pain, with ability to sleep for longer periods and able to turn better per 11/7/14 report. Based on the 11/7/14 progress report provided by the treating physician, the diagnoses are: 1. Lumbar degenerative disc disease with disc-osteophyte complex and HNP, impinging on left L4 and left L5 nerve roots. 2. Lumbar radiculopathy. 3. myospasm and myofascial trigger points. 4. Acute left sacroiliitis. 5. Depression. 6. Fatigue and stress from pain/depression consistent with vitamin B12 deficiency. 7. Fibromyalgia. A physical exam on 11/7/14 showed "L-spine range of motion is limited with extension at 20 degrees." The patient's treatment history includes medications, physical therapy, psychiatry visits, and sacroiliac joint injection. The treating physician is requesting physical therapy 2x3 for the right ankle. The utilization review determination being challenged is dated 11/24/14 and modifies request to 2 physical therapy sessions considering the patient appears to be currently undergoing therapy visits of unknown quantity. The requesting physician provided a single treatment report from 11/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 3 for the right ankle:** Overturned

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

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

**Decision rationale:** This patient presents with right ankle pain, lower back pain, and left hip/buttock pain. The treating physician has asked for physical therapy 2x3 for the right ankle on 11/7/14. Review of the reports do not show any evidence of recent physical therapy, although the 11/7/14 report states to "continue physical therapy." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has chronic back pain with a recent flare-up on the left side. There is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The 11/7/14 report states to "continue physical therapy" but the number of prior visits or their efficacy was not mentioned in reports. The requested 6 sessions of physical therapy are reasonable for patient's ongoing lower back pain with recent exacerbation. The request IS medically necessary.