

<b>Case Number:</b>	CM14-0217204		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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 forty-seven year old male who sustained a work-related injury on April 19, 2014. A request for eight physical therapy visits for the bilateral ankles and lumbar spine was modified by Utilization Review (UR) on December 16, 2014 to eight physical therapy visits for the lumbar spine. The UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS guidelines recommend nine to ten visits of physical therapy over 8 weeks. Upon review of the submitted documentation, the UR physician found the injured worker previously attended physical therapy for the bilateral ankles; however there was a lack of documentation indicating the number of sessions completed and the efficacy of this prior therapy to the bilateral ankles. The UR physician modified to the request for eight physical therapy visits for the bilateral ankles and the lumbar spine to eight physical therapy sessions for the lumbar spine. A request for Independent Medical Review (IMR) was initiated on December 22, 2014. The documentation submitted for IMR revealed the injured worker fell approximately ten feet from a ladder landing on his feet and then fell onto his back. Imaging of his lower extremities revealed bilateral calcaneal fractures. At the time of a physician's evaluation on October 31, 2014, the injured worker was using a walker to ambulate and a wheelchair at times when he had greater discomfort. The injured worker complained of severe pain in the lower back which radiated to his coccyx. Medications provided some pain relief. The evaluating physician defined the injured worker's work status as totally disabled. The documentation included physical therapy visits for the bilateral lower extremities from July 2, 2014 through November 12, 2014. A physician's evaluation of December 5, 2014 indicated the injured worker complained of

constant lumbosacral spine pain and rated the pain a 6 of 10. He reported constant bilateral ankle pain and reported the pain a 6 out of ten. The injured worker used a wheelchair for assistance when he went out. On examination, he had tenderness to palpation of the lumbar spine and bilateral ankles. Diagnoses included musculoligamentous sprain of the lumbar spine and bilateral comminuted calcaneal fractures. A physical therapy note dated November 12, 2014 indicated that the injured worker had participated in seventeen physical therapy sessions. He reported 45% overall improvement with gain and weight-bearing since beginning physical therapy. The injured worker ambulated with a front-wheeled walker and was now able to ambulate using a quad cane and walked 150 feet using a straight cane. The goal of physical therapy was to achieve ambulation with no assistive device.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 Physical Therapy visits for the bilateral ankles and lumbar spine: Upheld**

**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 based on Non-MTUS Citation Ankle & Foot (Acute/Chronic) Chapter under Physical therapy (PT)

**Decision rationale:** The patient presents with bilateral ankle pain rated 7-8/10. The request is for 8 physical therapy visits for the bilateral ankles and lumbar spine modified to 8 physical therapy visits for the lumbar spine. Patient's diagnosis on 12/05/14 included sprain of lumbar and fracture of calcaneus, closed. Patient is totally temporarily disabled. ODG-TWC, Ankle & Foot (Acute/Chronic) Chapter under Physical therapy (PT) states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Fracture of ankle, Bimalleolar (ICD9 824.4): Medical treatment: 12 visits over 12 weeks Post-surgical treatment (ORIF): 21 visits over 16 weeks Post-surgical treatment (arthrodesis): 21 visits over 16 weeks." California MTUS page 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Based on medical records, there is no mention of surgical intervention, therefore non-surgical guidelines were referenced. Treater has not provided reason for the request, nor discussed why patient is not able to establish a home exercise program. Per the physical therapy report assessment dated 11/12/14, the patient had attended 17 ankle PT sessions up to that point but continues to experience pain. In this case, the request for 8 additional visits exceeds guideline recommendation for the patient's condition. Therefore, the request is not medically necessary. NOTE: Per UR letter dated 12/16/14 the request can be partially approved for 8 physical therapy visits for the lumbar spine. It appears that PT for the lumbar spine has been authorized.