

<b>Case Number:</b>	CM15-0013342		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 32 year old female, who sustained an industrial injury on September 13, 2014. She has reported pain and swelling in the left lower extremity and left foot pain and numbness with lumps in the soft tissue. The diagnoses have included contusions of the head, right ribs, bilateral arms, left wrist, left forearm, left hand, bilateral thighs, bilateral knees, left foot and left lower leg. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of pain and swelling in the left lower extremity and left foot pain and numbness with lumps in the soft tissue. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She has been treated conservatively without resolution of the left lower extremity pain. On September 19, 2014, evaluation revealed continued pain in the left lower extremity, ribs and under the arms from crutch walking. Physical therapy was ordered. On December 12, 2014, the evaluation revealed pain and swelling in the left lower extremity. She noted improvement with current therapy. On January 12, 2015, Utilization Review non-certified a request for physical therapy 2x3/6 sessions to the left lower leg and left foot, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested physical therapy 2x3/6 sessions to the left lower leg and left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3/ 6sessions; to left lower leg and left foot:** 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 rationale:** Physical therapy 2x3/ 6sessions; to left lower leg and left foot is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already exceeded this limit. The request further exceeds this recommended number. The MTUS recommends a transition to an independent home exercise program. The documentation does not indicate extenuating factors that would necessitate further supervised physical therapy 2 x 3/6 sessions to the left lower extremity.