

<b>Case Number:</b>	CM15-0171198		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: 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 49 year old female, who sustained an industrial injury on May 22, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left ankle sprain, left knee sprain, lumbosacral sprain and cervical spine strain. Treatment to date has included physical therapy, injections, surgery, hot packs, ice packs, medications and exercise. She was noted to still have pain despite physical therapy. On July 28, 2015, the injured worker complained of left ankle, left knee and back pain. Lifting, bending, standing and walking were noted to aggravate the pain. The injured worker has been recommended to continue with her present program, medications and a follow up visit. On August 3, 2015, utilization review denied a request for twelve sessions of physical therapy three times a week for four weeks to include E-stim, exercise and massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include E-stim, exercise, massage for twelve sessions (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents on 07/28/15 with pain in the left ankle, lower back and left knee. The patient's date of injury is 05/22/13. Patient is status post left ankle peroneal nerve release on 05/19/14. The request is for Physical therapy to include e-stim, exercise, massage for twelve sessions (3X4). The RFA is dated 07/29/15. Physical examination dated 07/28/15 reveals tenderness to palpation of the lateral aspect of the left ankle, medial/lateral joint line of the left knee, cervical paraspinal muscles with spasms noted, and lumbar paraspinal muscles with trigger points and spasms noted. The patient is currently prescribed Lortab. Patient's current medication regimen is not provided. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." In regard to the 12 physical therapy sessions for this patient's ongoing left ankle, left knee, lumbar spine, and cervical spine, the provider has exceeded guideline recommendations. The documentation does not clearly define how many physical therapy sessions this patient has undergone to date, though there is evidence of prior physical therapy treatments. This patient underwent left ankle surgery on 05/19/14, and is therefore outside of the post-operative time frame. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments, the request for 12 treatments exceeds these recommendations and cannot be substantiated. Therefore, the request is not medically necessary.