

<b>Case Number:</b>	CM15-0033828		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 64 year old male, who sustained an industrial injury on 2/23/2010. He reports a left lower extremity injury post lumbar surgical intervention. Diagnoses include sciatica and peroneal anterior tibialis weakness. Treatments to date include physical therapy, foot drop brace and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported low back pain and left lower extremity pain. On 1/23/2015, Utilization Review non-certified the request for 6 aquatic therapy sessions, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times six sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with calf, sciatic pain and foot drop on the left foot following surgery. The patient is status post lumbar surgery from January 2, 2013. The RFA

from 01/16/2015 shows a request for aquatic therapy to the left foot frequency 2x6 weeks. The patient's date of injury is from 02/23/2010 and he is currently off work. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any recent physical therapy reports. The 01/15/2015 report shows that the patient reports mid-calf pain radiating down to the foot with intermittent swelling. He cannot walk on his heels or raise his toes. The sciatica has subsided completely. The patient has received physical therapy for the lumbar spine in the past. In this case, a short course of physical therapy would be appropriate for this patient given his left foot symptoms. The request is medically necessary.