

<b>Case Number:</b>	CM15-0039924		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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:

This 56 year old female sustained an industrial injury after falling and striking the left knee, left hand/wrist and whipping her neck and back on 11/18/14. X-rays of the cervical spine showed multilevel degenerative disc disease. X-rays of bilateral shoulders were negative for fracture but showed type II acromion morphology bilaterally. X-rays of bilateral wrists showed degenerative changes at the first carpal metacarpal joints bilaterally. X-rays of lumbar spine showed facet arthropathy with mild degenerative changes. X-rays of bilateral knees were negative for acute process. Previous treatment included x-rays, crutches, modified duty, physical therapy and medications. In an office visit dated 1/8/15, the injured worker complained of pain to the neck with radiation to bilateral upper trapezius associated with numbness and tingling, bilateral shoulder pain, bilateral hand/wrist pain, low back pain, left knee pain, right leg pain due to overcompensation and left ankle pain. The injured worker also reported depression, anxiety and stress. Current diagnoses included cervical spine sprain/strain with underlying degenerative disc disease, bilateral shoulder sprain/strain, left knee contusion, left ankle sprain/strain, stress, anxiety and depression. The treatment plan included six sessions of acupuncture and 12 sessions of physical therapy to the cervical spine, bilateral shoulders, lumbar spine, left knee and left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy, 2 times a week for 6 weeks for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

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

**Decision rationale:** The patient presents with unrated lower back pain, left knee pain, and left ankle pain. The patient's date of injury is 11/18/14. Patient has no documented surgical history directed at these complaints. The request is for 12 SESSIONS OF PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT ANKLE. The RFA is dated 01/13/15. Physical examination dated 01/08/15 reveals tenderness to palpation of the lumbar spine L1 to S1 with spasms noted, positive straight leg raise bilaterally, and positive Kemp's test. No examination findings of the left ankle were included. The patient is currently prescribed Fexmid, Norco, Ultram, Priolosec, Naproxen, and Metformin. Diagnostic imaging pertinent to the request was not included. Per 01/08/15 progress note, patient is advised to remain off work for 6 weeks. MTUS pages 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." In regard to the request for 12 PT sessions for the management of this patient's chronic ankle pain, the treater has exceeded guideline recommendations. The records provided do not indicate that this patient has had any ankle physical therapy to date. The progress notes provided do not include a rationale for physical therapy or discuss positive physical findings pertinent to the request. While conservative therapies such as physical therapy would generally be appropriate, the treater has requested 12 sessions of therapy, exceeding MTUS guidelines, which allow up to 10. Therefore, the request IS NOT medically necessary.