

<b>Case Number:</b>	CM15-0077972		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 61-year-old female who sustained a work related injury April 6, 2007. Past history included cervical cancer, hypertension, irritable bowel syndrome, arthritis, depression, s/p neck fusion C5-C6, 1994, and L2-S1 fusion January 8, 2014 and fusion/decompression for left lower extremity January 16, 2014. According to a physician's progress notes, dated March 31, 2015, the injured worker presented with complaints of low back pain, described as worse and constant. Her leg pain is worse but she can go up stairs now, coming down is slow. Current medications included Norco, Cyclobenzaprine and Butrans patch, and Gabapentin. The pain in her lumbar spine has increased to 7/10, and described as sharp, shooting spasm. The pain in the cervical spine has increased to 7/10, and described as aching, numb, sharp, and tightness. The pain in the left leg has increased to 6/10 and described as aching, numb, tingling. She reports unchanged pain in the right leg and decreased pain in the left hip. Diagnoses included difficulty walking/left lower extremity foot drop; post laminectomy with myelopathy; post laminectomy syndrome, lumbar 1/8, 1/16. Treatment plan included continue current medication and request for authorization (9) sessions of physical therapy for the left foot/ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 physical therapy visits for the left foot/ankle:** 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 Official Disability Guidelines (ODG) Ankle section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 9 physical therapy sessions to the left foot/ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are difficulty walking left lower extremity foot drop; post laminectomy with myelopathy; post laminectomy syndrome lumbar. In a progress note dated April 14, 2015, subjectively, the injured worker presented for follow-up on the lumbar spine. The documentation states pain in the leg is worse (right versus left) but can go upstairs. The injured worker is concerned her knee will collapse. The injured worker complains of 6/10 pain in the left leg. There is no discussion of the foot drop in the subjective section. There is no discussion of the specific foot/ankle problem. Objectively, there are no objective findings in the progress note. The documentation contains physical therapy progress notes. A physical therapy visit #36 indicates PT is to focus on the left foot drop and not the lumbar spine. It appears throughout the 36 physical therapy sessions the injured worker received physical therapy to the affected left lower extremity. The treating provider does not specify a specific ankle/foot malady other than foot drop. There is no objective functional improvement based on prior physical therapy. The treating provider is now requesting 9 additional physical therapy sessions to the left/ankle. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with objective functional improvement (of prior physical therapy to the left foot/ankle) and compelling clinical facts indicating additional physical therapy is warranted, 9 physical therapy sessions to the left foot/ankle is not medically necessary.