

Case Number:	CM13-0030010		
Date Assigned:	11/27/2013	Date of Injury:	05/29/2009
Decision Date:	08/08/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

40 yr. old male claimant sustained a work injury on 5/29/09 involving the low back, feet and knees. He was diagnosed with an annular tear of the L5-S1 region from an MRI in 4/2011. He had L5 radiculopathy confirmed by an EMG in 1/2013 as well as a sprain of the ACL of the right knee. He had undergone over 24 sessions of physical therapy for the right knee in early 2013 . He had been using a NSAIDs, Norco, Relafen , Amitryptiline and Flexeril for pain control. In April of 2013, he underwent a left plantar fasciotomy for plantar fasciitis. He had completed platelet rich plasma infusions for his plantar fasciitis. In September 2013, the treating physician requested 8 treatments of physical therapy for unknown body region.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: According to the MTUS guidelines- Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the claimant had 12 sessions of therapy prior to the additional request. The request did not specify the body region or need for therapy. Progress note details related to the request were not included. Therapy is initially needed for education after which a home based program can be performed. The request above is therefore not medically necessary.