

Case Number:	CM13-0045665		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2013
Decision Date:	03/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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:

The patient is a 39-year-old female who reported a work related injury on 01/29/2013 as the result of a fall. The patient currently presents for treatment of the following diagnoses: chronic low back pain, left ankle sprain improved status post injection, depression, anxiety, and difficulty sleeping. The clinical note dated 11/14/2013 reports the patient was seen under the care of [REDACTED]. [REDACTED] The provider documented, upon physical exam of the patient, guarding and muscle spasms were present with painful range of motion and tenderness palpable at the bilateral paraspinal musculature. The patient reports improved left ankle pain. The provider recommended 6 sessions of physical therapy 2 times to 3 times a week for 3 weeks. The patient was given a prescription for naproxen 550 1 tab by mouth 2 times a day. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times weekly for 6 weeks, Lumbar Spine, both Ankle and both Hips Qty 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The request for Physical Therapy 2-3 times weekly for 6 weeks, Lumbar Spine, both Ankle and both Hips Qty 18.00 is not supported. The clinical documentation submitted for review evidences the patient utilized physical therapy interventions status post her work related injury sustained in 01/2013. However, documentation of significant objective functional improvements as well as the patient's reports of efficacy with previous supervised therapies were not evidenced in the clinical notes reviewed. In addition, the most recent clinical documentation submitted for review evidenced a physical exam under the care of [REDACTED] with no documentation of bilateral ankle exam or bilateral hip exam to support the current request. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. At this point in the patient's treatment, continued utilization of an independent home exercise program for any remaining motor strength deficits about the lumbar spine, bilateral ankles, and bilateral hips would be indicated. Given all of the above, the request for Physical Therapy 2-3 times weekly for 6 weeks, Lumbar Spine, both Ankle and both Hips Qty 18.00 is not medically necessary or appropriate. .