

Case Number:	CM13-0060705		
Date Assigned:	03/03/2014	Date of Injury:	08/24/2011
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 61-year-old female who reported an injury on 08/24/2011. The mechanism of injury was not provided. The documentation of 10/01/2013 revealed the injured worker could dorsiflex her left ankle 20 degrees, plantar flex 30 degrees, invert 5 degrees, and eversion 5 degrees with some weakness in eversion and inversion. The injured worker indicated she still had some back symptoms with occasional left leg radiculopathy. The treatment plan included continuation of physical therapy, core strengthening program for low back, and a Heeley lock brace for the left ankle for stability and continuation of therapy for the ankle, a prescription of Flexeril, and Motrin. The injured worker was noted to be doing home exercises and strengthening. The diagnoses were pain in joint foot/ankle, lumbago, and thoracic/lumbar neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 3X4 FOR LEFT ANKLE: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously attended therapy for her ankle and was doing home exercises. There was a lack of documentation indicating the number of sessions, the objective functional benefit that was received and the objective functional deficits that remained. The injured worker should be well versed in a home exercise program. The request for 12 sessions would be excessive. Given the above and the lack of documentation, the request for additional pt 3x4 for left ankle is not medically necessary.

ADDITIONAL PT 3X4 FOR LUMBAR SPINE: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate objective functional deficits to support the necessity for ongoing therapy. There was lack of documentation indicating objective functional benefit received from prior therapy as well as the number of prior therapy sessions. As the injury took place in 2011, the injured worker should be well versed in a home exercise program. The request as submitted would exceed guideline recommendations. Given the above, the request for additional PT 3 times 4 for lumbar spine is not medically necessary.