

Case Number:	CM13-0069190		
Date Assigned:	01/03/2014	Date of Injury:	03/30/2006
Decision Date:	05/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/3/06. A utilization review determination dated 11/25/13 recommends modification of physical therapy from 8 sessions to 4 sessions. It references an 11/5/13 medical report identifying pain 10/10 without medication and 8/10 with medication. The patient did not feel that he was walking enough or staying functional. On exam, there was diminished ROM of the lumbar spine with tenderness, pelvic rock and sustained hip flexions were positive, calves measured 40 cm on the right and 44 cm on the left, right ankle ROM was diminished and there was tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X PER WEEK FOR 4 WEEKS FOR RIGHT ANKLE: Upheld

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

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

Decision rationale: Regarding the request for physical therapy 2 times per week for 4 weeks for right ankle, California MTUS supports a total of up to 10 PT sessions, while ODG recommends a 6-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a

negative direction prior to continuing with physical therapy. Within the documentation available for review, it is noted that the utilization reviewer recommended modification of the request to 4 sessions of physical therapy. There are some functional deficits noted and it appears that a significant amount of time has passed since the patient has received any physical therapy. However, there is no clear indication for therapy beyond a short course followed by reevaluation to determine the efficacy of the treatment and the need for additional therapy versus progress back to independent home exercise. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 2 times per week for 4 weeks for right ankle is not medically necessary.

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LUMBAR

SPINE: Upheld

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

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

Decision rationale: Regarding the request for physical therapy 2 times per week for 4 weeks for right ankle, California MTUS supports a total of up to 10 PT sessions, while ODG recommends a 6-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. Within the documentation available for review, it is noted that the utilization reviewer recommended modification of the request to 4 sessions of physical therapy. There are some functional deficits noted and it appears that a significant amount of time has passed since the patient has received any physical therapy. However, there is no clear indication for therapy beyond a short course followed by reevaluation to determine the efficacy of the treatment and the need for additional therapy versus progress back to independent home exercise. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 2 times per week for 4 weeks for right ankle is not medically necessary.