

Case Number:	CM13-0069352		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2002
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
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 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 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 53-year-old female who reported an injury on 04/18/2002. The mechanism of injury was not provided for review. The injured worker's treatment history included chiropractic care, physical therapy, Supartz injections to the knees and multiple medications. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker had moderate to severe lower back pain radiating into the left lower extremity. It was documented that the injured worker had an improvement in pain levels from 7/10 to 3/10 with medication usage. Physical findings included tenderness to palpation of the paraspinal lumbar musculature with limited range of motion secondary to pain and a positive left-sided straight leg raising test. Examination of the right knee documented tenderness to palpation with crepitus with range of motion and 4/5 motor strength. The injured worker's diagnoses included right knee arthritis, lumbar musculoligamentous sprain/strain with moderate disc protrusion and flare up, and gait dysfunction secondary to pes planus. The injured worker's treatment plan included physical therapy for the lumbar spine and bilateral arthrosis to assist with an improvement in posture. A refill of medications was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS 2 TIMES 6 FOR THE 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: The requested physical therapy 12 sessions 2 times 6 for the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker participates in a home exercise program. Therefore, 1 to 2 visits of physical therapy would be appropriate to re-educate and re-establish the patient in a home exercise program. Also, the California Medical Treatment Utilization Schedule recommends 8 to 10 visits of physical therapy for radicular symptoms. The request is for 12 sessions. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request for physical therapy 12 sessions 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate

BILATERAL ORTHOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Effect Of Customized Foot Orthotics In Addition To Usual Care For The Management Of Chronic Low Back Pain Following Work-Related Low Back Injury. Journal Of Manipulative And Physiological Therapeutics.

Decision rationale: The requested bilateral orthotics are not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines only address orthotics in the instances of conservative treatment for plantar fasciitis and pain related to rheumatoid arthritis. Clinical documentation does not support that the injured worker has these diagnoses. Therefore, peer reviewed literature was used in the determination. In an article titled "The Effect of Customized Foot Orthotics in Addition to Usual Care for the Management of Chronic Low Back Pain Following Work-Related Low Back Injury," it is noted that injured workers had a lower Oswestry Disability Index score after period of use orthotics; however, the clinical documentation submitted for review does not clearly define treatment goals, or a duration of treatment. Therefore, use of this conservative measure would not be supported. As such, the requested orthotics are not medically necessary or appropriate.