

Case Number:	CM13-0071021		
Date Assigned:	03/03/2014	Date of Injury:	01/11/2013
Decision Date:	06/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

The injured worker is a 58-year-old female who reported an injury on 01/11/2013. The mechanism of injury was that the injured worker was assigned to take a pack of cheese and ball of lettuce back from the cash register to their place when her shoelace got caught in a shopping basket which was lying on the floor and, as a result, the injured worker fell to the ground. The patient had a fracture of the patella. Treatment included analgesic medications, 16 sessions of physical therapy, range of motion testing, psychological consultation and extensive periods off work. The documentation of 09/17/2013 revealed a handwritten note that was difficult to read. The treatment plan included physical therapy twice a week for 4 weeks, and a re-x-ray of the foot. There was no DWC Form, Request for Authorization submitted for the request of the MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR C-SPINE, L SPINE AND L KNEE: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. In this case, there was a lack of documentation indicating the quantity of sessions previously attended as well as the objective functional benefit that was received. The documentation was difficult to read. As such, functional deficits could not be established to support the necessity for ongoing therapy. Therefore, the request for physical therapy twice a week for 4 weeks for the cervical spine, lumbar spine and left knee is not medically necessary and appropriate.

X RAY OF RIGHT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most cases presenting with true foot and ankle disorders, special studies are not usually needed until after a period of conservative care and observation. Routine testing including plain film radiographs of the foot or ankle and special imaging studies are not recommended during the first month of activity limitation. The clinical documentation submitted for review failed to provide legible documentation as well as a documented rationale for a repeat x-ray. Therefore, the request for x-ray of the right foot is not medically necessary and appropriate.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines indicate that when there are unequivocal objective findings that identifies specific nerve compromise on the neurologic examination, there is sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide a documented legible examination supporting specific nerve compromise. There is lack of documentation indicating the injured worker had failed to respond to treatment and would consider surgery an option. Therefore, the request for an MRI of the lumbar spine is not medically necessary and appropriate.