MAXIMUS Federal Services

Case Number:	CM14-0011675		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2011
Decision Date:	12/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Medicine 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 of the date of injury of December 15, 2011. A utilization review determination dated January 23, 2014 recommends non-certification of physical therapy. A progress report dated January 14, 2014 identifies subjective complaints of moderate pain in the low back as well as moderate pain in the left ankle. The patient states she has had no improvement of her symptoms. Objective examination findings revealed tenderness to palpation and muscle spasms in the lumbar spine with decreased range of motion. There is also decreased range of motion and tenderness in the left ankle. Diagnoses include thoracic myofascial strain, lumbar spine disc bulge, bilateral knee medial and lateral meniscal degeneration, left knee popliteal cyst, bilateral ankle ligamentous sprain, status post left ankle excision of mass, status post abrasion of right 2nd toe, and status post a mild cerebral vascular accident. The treatment plan states that the patient has not undergone "post-rehabilitation therapy" since a left ankle excision of mass. Therefore, physical therapy is recommended and will be used with acupuncture. A weight management program and left ankle MRI are also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two to three (2-3) x week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone ankle surgery approximately one year ago. The postoperative treatment period has now passed. It is unclear if the patient has undergone any therapy previously. If the patient has not undergone therapy previously, then a trial of therapy may be indicated. However, the 12 visits currently requested exceeds the number that would be recommended as a trial, by guidelines. Furthermore, there is no documentation of any objective functional deficits which cannot be addressed with a home exercise program and are intended to be treated with the currently requested physical therapy. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.