

Case Number:	CM14-0110422		
Date Assigned:	08/01/2014	Date of Injury:	07/14/2013
Decision Date:	10/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 and is licensed to practice in Illinois. 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 30 year old female who reported an injury on 07/14/2013; the mechanism of injury was twisting the ankle while walking. Diagnoses included right ankle sprain/strain and lumbosacral sprain/strain. Past treatment included medications. Diagnostics and surgical history were not provided. The clinical note dated 06/18/2014 indicated the injured worker complained of moderate to severe constant throbbing lumbosacral pain radiating to the buttocks, right greater than left. She also complained of moderate constant stabbing right ankle pain with numbness and tingling. The clinical note dated 05/12/2014 indicated right ankle tenderness over the lateral malleolus. Medications included tramadol, Prilosec, and flexeril. The treatment plan included physical therapy 2 x week x 6 weeks; the rationale for treatment was not provided. The request for authorization form was completed on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x WK x 6 WKS: Upheld

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

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 therapy is recommended for patients with radiculitis, to include 8-10 visits over 4 weeks. The injured worker complained of moderate to severe constant throbbing lumbosacral pain radiating to the buttocks, right greater than left. It is unclear if the injured worker previously completed physical therapy sessions and the efficacy of any prior physical therapy sessions is unclear. There is a lack of documentation indicating the injured worker has significant objective functional deficits. The submitted request does not indicate the site at which the physical therapy is to be performed. Additionally, the request for 12 visits of physical therapy would exceed the guideline recommendations of 8-10 visits. Therefore, the request for physical therapy 2 x week x 6 weeks is not medically necessary.