

Case Number:	CM14-0115294		
Date Assigned:	08/04/2014	Date of Injury:	09/21/2001
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old female with a work injury dated 9/21/01. The diagnoses include chronic left foot and low back pain. She has a history of sciatica, ligament repair (02/2002) left foot, tendon repair (07/2003) left ankle, tumor removal (12/2005) left foot, broken bone removal from left ankle/foot(1012004), Tumor removal (03/2007) for left foot. Under consideration is a request for physical therapy visits for the lumbar spine (12) for review and reinforcement of a home program. There is a primary treating physician report dated 6/24/14 that states that the patient presents with chronic left foot and low back pain. Patient reports that she has completed radiation therapy only nonindustrial basis for breast cancer. She states that her breast cancer is in remission and no longer requires any radiation therapy or chemotherapy. Patient does state that she has numbness and tingling in her left foot that has been gradually worsening and also feels that her left foot gave out. She did fall onto her left knee which has also been more painful. Patient states that she has not been performing any exercises since the radiation therapy and does feel that her back pain and left foot pain has been gradually worsening: She states her back pain radiates down her right lower extremity. On exam the lumbar spine reveals tenderness to palpation at the lumbosacral junction. The range of motion of lumbar spine is decreased. Sensations were decreased to light touch along the left lower extremity and foot compared to the right lower extremity. Straight leg raise was negative bilaterally and motor strength was generally 5/5 with bilateral lower extremities. There is a request for medication refill as well as 12 sessions of Physical Therapy for lumbar spine, 2 sessions per week for 6 weeks and 12 sessions of PT for left ankle, 2 sessions per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the lumbar spine (12) for review and reinforcement of a home program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Functional restoration programs Page(s): 98-99, 7.

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

Decision rationale: Physical therapy visits for the lumbar spine (12) for review and reinforcement of a home program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation. Additionally this is a chronic low back condition. The patient has had therapy in the past. There is no evidence of the outcome/efficacy of prior therapy and how many sessions she has had in the past. Furthermore, she should be versed in a home exercise program. The request for physical therapy visits for the lumbar spine (12) for review and reinforcement of a home program is not medically necessary.