

Case Number:	CM14-0118897		
Date Assigned:	08/06/2014	Date of Injury:	09/18/2000
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 & 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 records presented for review indicate the injured worker is a 48 year old male injured on 09/18/00 due to losing control of a gurney while transporting a patient. The injured worker experienced immediate low back pain. Psychiatric consultation report dated 03/27/14, states the injured worker is diagnosed with chronic low back pain, status post lumbar fusion revision, lumbar radiculopathy, anxiety, and left ankle pain. The injured worker is permanent and stationary. Medications include Naprosyn 500mg twice daily, Norco 10/325mg eight per day, Nexium 40mg once daily, Lunesta 3mg every night, Colace 100mg twice daily, Xanax 0.25mg twice daily, and Metformin 500mg twice daily. The prior utilization review dated 07/23/14 notes the injured worker attended six physical therapy sessions for the left ankle between February and March of 2014 and denied request for additional physical therapy sessions for the left ankle # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Sessions for the left ankle # 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Foot and Ankle Chapter.

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

Decision rationale: CA MTUS guidelines recommend 9 visits over 8 weeks for ankle / foot sprain, enthesopathy, Achilles bursitis / tendinitis. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the records indicate that the injured worker has previously received 6 physical therapy visits; however, there is no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.