

Case Number:	CM14-0123883		
Date Assigned:	08/08/2014	Date of Injury:	02/13/2012
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 56 year-old female who was reportedly injured on 2/13/2012. The mechanism of injury is not listed. The most recent progress note dated 6/11/2014. Indicates that there are ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated left knee: range of motion 0-110. Mildly fusion. Positive crepitus. Right knee 0-120. Muscle strength bilateral lower extremities 5/5, reflexes 2+ for quadriceps, Achilles reflex is not tested due to pain. Slightly antalgic gait. No recent diagnostic studies are available for review. Previous treatment includes ankle arthroscopy, medications and conservative treatment. A request was made for physical therapy 2 times a week for 3 weeks for both ankles, steroid injection to bursal sac posterior lateral right calcaneus, and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral ankles, two times weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Foot/Ankle.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The injured worker underwent previous sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

Corticosteroid injection to bursal sac of posterolateral right calcaneus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation ODG, Foot/Ankle.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot (acute and chronic) injections. Updated 7/29/2014.

Decision rationale: Official Disability Guidelines do not recommend corticosteroid injections per tendinitis, Morton seroma or intra-articular injections. It states it is currently under study for heel pain. The current request for a injection of the bursal sac, but after review of the medical records provided there was no objective clinical findings on physical exam necessitating the need for a steroid injection. Therefore this request is deemed not medically necessary.