

Case Number:	CM14-0171108		
Date Assigned:	10/23/2014	Date of Injury:	12/01/2011
Decision Date:	11/28/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 44 year old female who was injured on 12/1/2011. The diagnoses are plantar fasciitis, metatarsalgia, neuroma, bilateral feet pain and low back pain. The patient completed multiple series of PT, alcohol and steroid injections in 2011, 2012 and 2013. On 5/23/2014, the X-Ray of the right foot did not show any acute changes. [REDACTED] noted subjective complaint of low back pain radiating to the right lower extremity. There was severe numbness of 2 weeks duration. The patient said the left leg felt like it was dead for 2 weeks. There was no specific complaint related to the foot injury. There were objective findings of minimal tenderness over the ankle area. The medications are gabapentin, Norco and Terocin cream for pain. A Utilization Review determination was rendered on 10/6/2014 recommending non-certification for 12 visits of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits (12-sessions, 2-times per week for 6-weeks): 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 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical Therapy treatments can be utilized for musculoskeletal pain to increase range of motion and decrease pain in the affected parts. The records indicate that the patient have completed that guidelines recommended PT treatment sessions. The records indicate that the ankle injury is no longer symptomatic. The most significant subjective complaint is a recent onset lumbar radicular pain that has not been fully investigated. The 12 visits of Physical Therapy were not met. Therefore, this request is not medically necessary.