

Case Number:	CM14-0192187		
Date Assigned:	11/25/2014	Date of Injury:	08/24/2011
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 62 year old female with a work injury dated 8/24/11. The injury occurred when she tripped over a poorly constructed handicap ramp and fell to the ground landing on her back. She felt pain in the left ankle and lower back. The diagnoses include history of left ankle fracture; posterior tibial tendinitis; talonavicular heterotopic ossification history of lumbar strain; scoliosis; severe central stenosis at L1-L2; moderate bilateral foraminal stenosis L2-L3, L3-L4 and L4-L5; grade 1 spondylolisthesis L4-L5; left paracentral disc protrusion L3-L4 with left lateral recess stenosis. Under consideration are requests for physical therapy 2 x week for 6 weeks. A 10/15/14 initial orthopedic exam states that the patient presents with complaints of persistent low back pain. The pain radiates into the back of the left leg to the knee. There is no numbness tingling or burning in the left leg. The patient arises from seated to standing slowly. She stands with level shoulders and pelvis, but there is a list to the left. There is a right flank crease. She has normal lumbar lordosis and thoracic kyphosis. Her gait is slow and guarded. She is able to walk on toes and heels without observed deficits. Light touch sensation is intact in both lower extremities. Muscle motor strength was 5/5 in the bilateral lower extremities. There was decreased and painful lumbar range of motion. Achilles and patella reflexes were 0/4. She states that she has been offered epidural steroid injections, but does not wish to pursue this. She is not interested in surgical intervention. She would like to undergo additional physical therapy. The patient is retired as of August 1, 2014. A 10/15/14 document states that she had 20-24 sessions of physical therapy to her ankle and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: The documentation indicates that the patient has had at least 20 physical therapy sessions. She should be well versed in a home exercise program. There are no extenuating factors documented that would necessitate an additional 12 supervised therapy sessions. Per the MTUS Chronic Pain Medical Treatment Guidelines, the request for physical therapy 2 x week for 6 weeks is not medically necessary.