

Case Number:	CM14-0022456		
Date Assigned:	02/26/2014	Date of Injury:	02/01/2013
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery 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 patient is a 35-year-old male who has submitted a claim for closed calcaneus fracture status post ORIF (02/11/2013), L2 and L5 transverse process fracture, and left shoulder bursitis and rotator cuff impingement; associated with an industrial injury date of 02/01/2013. Medical records from 2013 were reviewed and showed that patient complained of bilateral heel pain, and hip and knee pain. Physical examination showed that patient ambulates with a front wheeled walker. Tenderness was noted in the right medial and lateral malleolus, and left lateral malleolus. Range of motion of the foot and ankle was decreased. Weakness was noted in the bilateral hamstrings, ankle dorsiflexors, and foot and ankle eversion and inversion. Treatment to date has included medications, physical therapy, subacromial injection, and surgery as stated above. Utilization review, dated 12/31/2013, denied the request for additional physical therapy sessions because the patient has had adequate physical therapy and should be well educated in a home exercise program, there were no new residual deficits to warrant additional sessions, and it is unlikely that new functional benefit can be gained.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE BILATERAL ANKLES, AND LUMBAR SPINE FOR 6 SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complains of bilateral heel pain despite medications and physical therapy. However, patient has had at least 36 sessions of physical therapy, and should be well-versed in a home exercise program. There is no discussion of compelling circumstances that warrant additional supervised physical therapy sessions. Therefore, the request for additional Physical Therapy to the bilateral ankles and lumbar spine for 6 sessions is not medically necessary.