MAXIMUS Federal Services

Case Number:	CM14-0025134		
Date Assigned:	06/11/2014	Date of Injury:	06/19/2013
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas. 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 51 year old male who reported an injury on 06/19/2013 when performing work-related Krav Maga exercises. The injured worker received a lumbar x-ray on 06/20/2013 that was normal; that same day he also received a left ankle x-ray that confirmed no fracture. A left ankle MRI on 08/16/2013 revealed severe tendonitis to the Achilles tendon with superimposed high grade partial tear involving the medial half of the Achilles tendon. Pain ranges 4-8/10 and is reproduced with motion of the left ankle; the lumbar region will also reproduce pain in ranges of 4-8/10 with motion accompanied with muscle spasms. Lumbar range of motion is flexion 60 degrees, extension 20 degrees, and lateral bending 20 degrees bilaterally. The straight leg raise test and Lasegis tests were negative. A lumbar spine MRI on 01/10/2014 revealed mild degenerative disc disease at L2-3 and L5-S1 and mild annular bulging disc. There was no neural impingement. There was hypertrophy at L4-5 and L5-S1. The injured worker received authorization for 18 sessions of physical therapy for the lumbar region on 07/31/2013; it is unclear if he completed those sessions. The injured worker also received authorization for nine physical therapy sessions for the left ankle Achilles tendon; it is unclear if he finished those sessions. The injured worker walks with a cane and has a reciprocal gait. He has been returned to duty with restrictions. The injured worker's physician is asking for physical therapy three times a week for four weeks for the lumbar and left Achilles. The request for authorization and rationale for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS LUMBAR AND LEFT ACHILLES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker has been returned to work with restrictions. Further, range of motion has been improved and pain occurs when reproduced with motion. Pain is managed through medication and life style modification. Under the MTUS Chronic Pain Guidelines, only 9-10 visits over eight weeks, allowing for fading treatment frequencies (from up to three visits a week to one or less) along with self-directed home physical medicine are authorized. The number of requested physical therapy visits exceeds the MTUS Chronic Pain Guidelines. ODG physical therapy for low back pain echos the same guidelines allowing for fading treatment frequency treatments in the same number and time frame. ODG physical therapy for ankle and foot guidelines only allow nine visits over four weeks allowing for fading treatment frequencies (from up to three visits a week to one or less) along with self-directed home physical medicine. Again, the number of visits requested by the physician exceeds the guideline limits. The injured worker demonstrates the ability to manage pain via medication and life style modification and is able to return to work. As such, the request is not medically necessary and appropriate.