

Case Number:	CM14-0025823		
Date Assigned:	06/04/2014	Date of Injury:	12/31/2012
Decision Date:	07/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Internal Medicine 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 35 year old male injured on 12/31/12 while arresting a domestic violence suspect. An altercation ensued. During the altercation, the patient felt a warm sensation in his low back radiating to the bilateral legs. The patient was subsequently diagnosed with L5-S1 disc pathology. On 01/26/13, the injured worker underwent a L5-S1 fusion. The injured worker had a history of bilateral lower extremity weakness, numbness, pain, tingling and sharp pain. Symptoms are slowly subsiding. The patient states he had a nerve conduction study that showed an abnormality in the medial ankles. The injured worker complains of a sharp pain that is intermittent in nature overlying the medial aspect of the feet. He points to the medial navicular. In a patient-directed handwritten history update form, the patient complains of pain in his lumbar region, hips, legs and feet. He grades his pain as 6/10 on the pain scale. He describes his pain as dull, sharp, throbbing with pins-and-needles, and numbness and tingling. Symptoms are worse when sitting and standing. Symptoms decrease when he is lying down. Follow up visit in 1/21/14 a treating physician noticed foot position in stance and gait clinically, the patient's findings are more consistent with an insertional posterior tibial tendinitis and possibly symptomatic accessory navicular. While the patient's nerve conduction studies are positive for possible left tarsal tunnel pathology, the patient's symptoms are symmetrical. On an office visit dated Dec 11, 2013, a treating physician noticed on examination of the lumbar spine demonstrates 5-/5 tibialis anterior on the left side greater than right, 5/5 quadriceps and gastrosoleus and hamstrings is 5/5. However, he has some mild dysesthesias with shock like sensation on occasion. Straight leg raise is negative. Current work status include modification of work by sitting duty, 4 days a week. The request for work conditioning program was suggested in appeal letter dated 02/27/2014 considering the professional need of injured worker to resume the normal duty. The prior utilization request dated 2/12/2014 was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 7 VISITS IN HOUSE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back-lumbar/thoracic; Work conditioning; work hardening.

Decision rationale: The injured worker is 35 years police officer who is back to duty with modified work which includes sitting duty. Clinical documents show no deficit in muscle power in lower extremities however tight heel cord, pain related to planter fasciitis and tibialis tendinitis are the residual problems. As per Official Disability Guidelines (ODG), work conditioning is recommended as an option. According to ODG, a good way to get an injured worker back to work is with a modified duty, Return To Work (RTW) program rather than a work hardening program. This option is not possible as a police officer. When an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. This is the case for this injured worker who has been accommodated with a sedentary position while gaining in overall functionality. The clinical documentation indicates the injured worker's desire and motivation to return to full duty. He had been previously hampered by the low back pain as well as posterior tibial tendonitis and plantar fasciitis. He has been afforded a partial participation in a Work Conditioning program previously. Given the clinical progress notes from treating physicians, the requested 7 sessions of Work Conditioning Program is reasonable and necessary given the injured worker pre-injury position as a police officer.

PHYSICAL THERAPY 7 VISITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine; Physical Therapy.

Decision rationale: Official Disability Guidelines (ODG) limits spine- post surgical treatments:- post fusion to 34 visits over 16 weeks. On reviewing the medical records number of physical therapy sessions is unclear. However the injured worker has been afforded post-operative physical therapy during the immediate 16 week post-operative period in 2013 which is far removed from this 2014 request that it is NOT for post-operative care. A treating podiatrist note on 2/11/14 mentions a self-directed home exercise program and does not mention a monitored physical therapy program. Therefore the 7 visit physical therapy is not supported by

the submitted documentation and is not medically necessary as it is not for podiatric conditions or for lumbar post-operative care.