

Case Number:	CM14-0030645		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2013
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and New York. 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 41-year-old female who reported an injury on 07/26/2013. The injury reportedly occurred when she stepped into a hole in the ground and fell backwards. An MRI of the left foot completed on 10/28/2013 revealed plantar plate degenerative splitting with fat pad inflammation secondarily. An MRI of the lumbar spine done on 11/04/2013 revealed mild degenerative spondylosis at L5-S1 with mild disc desiccation and a small central disc protrusion associated with a posterior annular tear. There was no significant impingement of the neural elements or significant central stenosis or neural foraminal stenosis seen at any lumbar level. The clinical note dated 11/05/2013 noted the injured worker presented with pain to the left foot, the lateral heel, the left great toe, and the 4th and 5th toes. She continued to complain of pain to the right wrist and stated that she was unable to wash dishes at home. She also reported constant back pain and urinary incontinence. Examination of the right upper extremity revealed swelling over the index, middle, and ring fingers of the right hand with tenderness to palpation to the ulnar aspect of the wrist. The left foot had decreased sensation to the lateral calcaneus of the left great toe, 4th, and 5th toe. The lumbar spine had tenderness to palpation to the lower lumbar spine. Lumbar spine range of motion was noted as 25 to 30 degrees of extension and 10 degrees of lateral bending. The diagnoses included right wrist sprain, left foot sprain, left ankle sprain, left lower extremity radiculopathy, and L5-S1 disc protrusion. Prior treatment included physical therapy, occupational therapy, and medication. The provider recommended physical therapy for the ankle and lumbar spine and occupational therapy for the right wrist. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 2 weeks for the ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle Chapter Physical Therapy (PT).

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

Decision rationale: The California MTUS guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort of the individuals to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation regarding the injured worker's prior course of physical therapy, including the efficacy of the prior therapy. The injured worker has had at least 24 physical therapy visits for the ankle. The guidelines recommend up 9-10 visits over 8 weeks with the fading of treatment frequency, plus active self-directed home physical medicine. The number of physical therapy visits that the injured worker has already completed exceeds the guideline recommendations. There is a lack of documentation of objective findings impacting the injured worker to require further supervised therapy. There are no significant barriers to transitioning the injured worker to an independent home exercise program. The request also doesn't specify which ankle the treatment is for. As such, the request for Physical Therapy 3 times a week for 2 weeks for the ankle is not medically necessary and appropriate.

Physical Therapy 3 times a week for 2 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lumbar Chapter, Physical/Occupational Therapy.

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for 4 weeks with the fading of treatment frequency, plus active self-directed home physical medicine. The included documentation noted that the injured worker has had at least 15 physical therapy visits for the lumbar spine. The efficacy of the prior therapy was

not provided. The number of physical therapy visits that have already been completed exceeds the guideline recommendations. There is a lack of documentation of objective findings impacting the injured worker's functionality to require further supervised therapy. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request for Physical Therapy 3 times a week for 2 weeks for the lumbar spine is not medically necessary and appropriate.

Occupational Therapy 3 times a week for 2 weeks for the Right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist & Hand Chapter, Physical Occupational Therapy.

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend up to 10 visits of physical therapy for 4 weeks with the fading of treatment frequency, plus active self-directed home physical medicine. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has completed at least 12 occupational therapy visits for the right wrist. The request for 6 additional visits exceeds the guidelines recommendations. The efficacy of the prior therapy was not provided. There is a lack of documentation of objective findings of the injured worker's functionality to require further supervised therapy. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request for Occupational Therapy 3 times a week for 2 weeks for the Right wrist is not medically necessary and appropriate.