

Case Number:	CM14-0033855		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2012
Decision Date:	12/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain Management 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 60 year old female with an injury date on 10/07/2012. Based on the 11/25/2013 progress report provided by the treating physician, the diagnoses are: 1. Anterior tibiofibular ligament tear 2. Anterior tibiofibular sprain 3. Calcaneofibular ligament sprain 4. Plantar fasciitis 5. Osteoarthritis left ankle 6. Right shoulder rotator cuff tear 7. Lumbar spine disc bulge 8. Lumbar spine radiculitis 9. Non-industrial right wrist and right forearm fracture that required open reduction and internal fixation. Again, this is non-industrial 10. Healed left ankle fracture. According to this report, the patient complains of "left knee pain, low back pain, left ankle pain, and right shoulder pain." Pain is rated as an 8/10. Physical exam reveals tenderness at the lateral aspect of the left knee, L3 to L5 paraspinal muscles, right acromioclavicular joint, and anterior deltoid muscle. Kemp's test, straight leg raise, and right supraspinatus test are positive. There were no other significant findings noted on this report. The utilization review denied the request for 4 sessions of physical therapy for the lumbar, left knee and ankle (1x4) on 02/28/2014 based on the ACOEM chapter 2 guidelines. The requesting physician provided treatment reports from 01/17/2013 to 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of physical therapy for the lumbar, left knee and ankle (1x4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: According to the 11/25/2013 report, this patient presents with pain in the left knee pain, low back, left ankle, and right shoulder. Per this report, the current request is for 4 sessions of physical therapy for the lumbar, left knee and ankle (1x4). The most recent progress report is dated 11/25/13 and the utilization review letter in question is from 02/28/2014. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of records, the treating physician states in the 09/18/2013 report, patient "only has had eight visits prior to the July recommendation and that therapy was helping her." However, there were no discussions provided as to why the patient is not able to perform the necessary home exercises. In this case, the patient has had 8 sessions of therapy recently; the requested 4 additional sessions would exceed what is allowed per MTUS. MTUS allows 8-10 sessions for this type of condition, recommendation is for denial.