

Case Number:	CM14-0036549		
Date Assigned:	06/25/2014	Date of Injury:	08/03/2010
Decision Date:	08/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 53-year-old female who sustained a work related injury to her lower back on 08/03/2010 as result of an unknown mechanism of injury. According to the patient's Ortho evaluation document dated January 30, 2014, the patient 'has been noticing progression of her symptoms which include numbness of the right lower extremity which occurs after walking and burning in her lower back after sitting. She is also limping. She has also developed compensatory heel pain a couple of weeks ago.' Physical examination reveals that 'range of motion is limited. She has exquisite tenderness along the lumbar paraspinal musculature. There are marked severe spasms noted. Sensory and motor functions tested in the lower extremities demonstrate diminished sensation in the right L5 and S1 distribution. Straight leg raise is positive in the seated and supine position on the right. Examination of the right ankle reveals full range of motion. There is tenderness along the Achilles tendon, exquisite tenderness along the base of the calcaneus at the plantar fascial insertion. There is no swelling, deformed or discoloration noted.' The patient's treatment regimen includes Naprosyn and Vicodin for inflammation and pain. Additionally, the documenting physician recommends a course of physical therapy to address her radicular symptoms and plantar fasciitis. In dispute is a decision for physical therapy 2 x week for 6 weeks for Radicular Symptoms and Plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks for Radicular Symptoms and Plantar Fasciitis:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

Decision rationale: Physical Medicine (Therapy) in general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Submitted with the request is a chiropractic initial reported dated August 7, 2013 in which is documented that the patient 'prior treatment includes lumbar injection, physical therapy, prescription medications, however her pain continues to persist'. With that admission, for additionally physical therapy to be authorized, there needs documented functional improvement, a point that is greatly lacking in this case submission. Due to the lack of supportive evidence of symptom, pain or functional improvement, additional physical therapy is not warranted, therefore is not medically necessary.