

Case Number:	CM14-0037466		
Date Assigned:	06/25/2014	Date of Injury:	07/02/2012
Decision Date:	07/31/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated March 17, 2014, the claims administrator did not grant the request for 12 sessions of physical therapy for the low back and ankle. The claims administrator stated that, in a teleconference with the attending provider, that it has been acknowledged that the applicant had not completed 12 sessions of physical therapy previously authorized before additional treatment was requested. The applicant's attorney subsequently appealed. A March 11, 2014 progress note was notable for comments that the applicant reported persistent complaints of ankle pain. The applicant was also having concurrent issues with knee and back pain. The applicant was given a primary diagnosis of Achilles tendinosis. The applicant was asked to continue an ankle brace, supported shoes, and Voltaren gel. The applicant was placed off work, on total temporary disability. It was stated that the applicant would likely require an Achilles tendon surgery at some point in time. In an earlier note of February 11, 2014, the applicant was again placed off work, on total temporary disability, for one month. The applicant was again placed off work, on December 17, 2013, for an additional one month. The applicant was concurrently receiving acupuncture, it was stated. In an earlier note of September 24, 2013, the applicant was described as using Norco. The applicant was again described as off work at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine 3x week for 4 weeks (12): 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 Physical Medicine topic MTUS 9792.20F Page(s): 99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9 to 10-session course recommended on page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of the various body parts. In this case, the applicant has had earlier unspecified amounts of physical therapy over the course of the claim. There has been no demonstration of functional improvement, which would support further physical therapy treatment. The applicant remains off work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy. Continuing physical therapy in the face of the applicant's failure to demonstrate functional improvement with earlier treatment is not recommended. Therefore, the request is not medically necessary.

Physical Therapy Left Ankle 3 x week for 4 weeks(12): 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 Physical Medicine topic. MTUS 9792.20F. Page(s): 99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does support 9 to 10 sessions of treatment for myalgias and myositis of the various body parts, the issue reportedly present here, in this case, however, the applicant has had earlier unspecified amounts of physical therapy over the course of the claim. The applicant has, not demonstrate any lasting benefit or functional improvement as defined in MTUS despite completion of the same. The applicant remains off work, on total temporary disability the applicant is now on the process of pursuing an Achilles tendon ankle surgery. All the above, taken together, imply that there is not enough functional improvement as defined in MTUS, despite completion of earlier physical therapy involving the ankle. Therefore, the request for additional physical therapy is not medically necessary.