

Case Number:	CM14-0062979		
Date Assigned:	07/11/2014	Date of Injury:	01/08/2009
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 55-year-old male who reported an injury on 01/08/2009. The mechanism of injury was not provided. On 05/02/2014, the injured worker presented with complaints of low back, left hip, and right knee pain. Upon examination of the left hip, there was diffuse painful range of motion. Examination of the lumbar spine revealed decreased painful range of motion and tenderness to palpation. The diagnoses were lumbar disc without myelopathy, chronic pain syndrome, degenerative joint disease of the knee and degenerative joint disease of the hip. Prior therapy included medications and home exercise. The provider recommended 6 physical therapy sessions and 1 pair of bilateral foot orthotics. 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:

6 Physical Therapy Sessions: 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 Page(s): 98.

Decision rationale: The request for physical therapy sessions is not medically necessary. The California MTUS 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. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the site at which the physical therapy sessions were indicated for or the frequency of the therapy sessions in the request as submitted. As such, the request is not medically necessary.

1 pair of bilateral foot orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The request for 1 pair of bilateral foot orthotics is not medically necessary. The California MTUS/ ACOEM state orthotics may reduce pain experienced during walking and may reduce more global measures of pain, and this validity for injured workers is plantar fasciitis and metatarsalgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for foot orthotics. As such, the request is not medically necessary.