

Case Number:	CM14-0079952		
Date Assigned:	07/18/2014	Date of Injury:	09/23/2013
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 patient is a 33-year-old female who has submitted a claim for sprain of ankle, lumbosacral sprain, lateral collateral ligament sprain, and medial meniscus tear; associated with an industrial injury date of 09/23/2013. Medical records from 2014 were reviewed and showed that patient complained of low back pain radiating into the buttocks, knee pain graded 4/10, and ankle pain graded 6/10. The patient reports that the knee feels like it won't hold weight and gives out. Physical examination showed tenderness over the lateral and medial joint lines. Range of motion of the knee, lumbar spine, and left ankle was normal. DTRs were normal. Motor strength was 5/5 in the bilateral lower extremities. Sensation was intact. Treatment to date has included medications, TENS, and physical therapy. Utilization review, dated 05/07/2014, denied the request for physical therapy to the lumbar spine and left ankle because the patient has had previous physical therapy and it is not clear why the patient would not be well versed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the lumbar spine 2 time a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complains of low back pain. The patient has had 12 sessions of physical therapy, and should be well versed in a home exercise program. There is no discussion regarding the need for additional physical therapy sessions. Therefore, the request for outpatient physical therapy to the lumbar spine 2 times a week for 3 weeks is not medically necessary.

Outpatient physical therapy to the left ankle 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html".

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complains of left ankle pain. The patient has had 12 sessions of physical therapy, and should be well versed in a home exercise program. There is no discussion regarding the need for additional physical therapy sessions. Therefore, the request for outpatient physical therapy to the left ankle 2 times a week for 3 weeks is not medically necessary.