

Case Number:	CM14-0080226		
Date Assigned:	07/18/2014	Date of Injury:	03/15/2010
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
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:

This is a 33-year-old female with a 3/15/10 date of injury. The mechanism of injury occurred when the patient fell and landed on the ground. According to a progress report dated 4/21/14, the patient presented with ongoing pain in the back, hands, and ankles. It radiated from the neck to the feet. She rated her pain as 9/10 on a scale of 0-10. The pain was constant and lasted throughout the day. It was exacerbated by activities of daily living and relieved by heat, massage, medicines, and ice. She has tried physical therapy. Objective findings: tenderness to palpation in the bilateral medial joint lines, trigger points palpated in the gluteus medius bilaterally, severe swelling of the right ankle and dorsal aspect of the right foot, ROM of ankles limited due to pain, moderate effusion of left ankle, paresthesias to light touch noted in the lateral legs, dorsal feet, and medial right leg. Diagnostic impression: lumbar spine neuritis or radiculitis, low back pain, carpal tunnel syndrome, tenosynovitis of foot and ankle, abnormality of gait. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/14/14 denied the requests for 12 visits of physical therapy and Norco. Regarding physical therapy, while there is a noted recent increase of complaints, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the claimant's function or impairment of objective measures. Further, it is not clear how many sessions of physical therapy have been completed to date. There are also limited details regarding prior care. Regarding Norco, there was a lack of measurable subjective and/or functional benefit as a result of medication and documentation of medical necessity, as well as no documentation of current urine drug screen, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is documented that the patient has had physical therapy in the past, however, it is unclear how many sessions she has previously had. There is no documentation of functional improvement from her previous sessions. In fact, in the most recent reports reviewed, the patient continues to present with severe pain and limited activities of daily living. Therefore, the request for Physical Therapy X 12 Visits was not medically necessary.