

Case Number:	CM14-0009976		
Date Assigned:	04/04/2014	Date of Injury:	11/25/2013
Decision Date:	12/08/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, with a reported date of injury of 11-25-2013. The diagnoses include left ankle sprain and lumbar sprain and strain. Treatments and evaluation to date have included physical therapy, Ibuprofen, Cyclobenzaprine, and muscle rub (name not provided). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 12-13-2013 indicates that the injured worker felt that the pattern of symptoms was improving slowly. She had back, neck, left knee, ankle, left shoulder, and left chest pain. The physical examination showed tenderness to palpation at the paraspinous area bilaterally on the neck and back; and tenderness of the right iliac prominence. It was noted that an x-ray of the lumbar spine was negative for fracture. The medical records included five physical therapy reports from 12-16-2013 to 12-30-2013. The physical therapy report dated 12-30-2013 indicates that the injured worker reported that the pain in her ankle remained about the same. The injured worker was not working due modified duties not being available. The treatment plan included the continuation of progressive exercises. The treating physician requested physical therapy two times a week for three weeks for the lumbar spine and left ankle. On 01-06-2014, Utilization Review (UR) non-certified the request for physical therapy two times a week for three weeks for the lumbar spine and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times a week for 3 weeks, for the Lumbar Spine and Left Ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Foot and Ankle Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient was injured on 11/25/13 and presents with low back pain and left ankle pain. The request is for Physical Therapy, 2 times a week for 3 weeks, for the Lumbar Spine and Left Ankle. There is no RFA provided and the patient is limited to lifting/carrying up to 15 pounds occasionally and pushing/pulling up to 30 pounds. The patient has had at least 5 sessions of physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with left ankle sprain and lumbar sprain and strain. Treatments and evaluation to date have included physical therapy, Ibuprofen, Cyclobenzaprine, and muscle rub (name not provided). Review of the reports provided does not indicate if the patient had any recent surgery. The patient has had 5 sessions of physical therapy from 12/16/13 to 12/20/13. The 12/20/13 physical therapy note states that the pain "still remains in about the same amount of pain in the neck, shoulders, knee, ankle." In this case, the patient "remains in about the same amount of pain" with prior physical therapy and there is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Furthermore, the requested 6 sessions of therapy in addition to the 5 she already had exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.