

Case Number:	CM14-0187022		
Date Assigned:	11/17/2014	Date of Injury:	07/23/2006
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 56-year-old female with a 7/23/06 date of injury. At the time (10/27/14) of request for authorization for physical therapy of the lumbar spine and left ankle, twice weekly for six weeks, there is documentation of subjective (pain in the low back with radiation into the left greater than right buttock; persistent pain in the left ankle) and objective (tenderness over the paraspinal lumbar musculature, positive straight leg raise on the left for pain radiating into the left buttock, tenderness over the Achilles insertion) findings. The current diagnoses are Achilles tendonitis, lumbar radiculopathy and lumbar sprain/strain. The treatment to date includes activity modification and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine and left ankle, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, tables 14-3 and 14-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ankle and Foot, Physical Therapy and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains and radiculitis not to exceed 10-12 visits over 8 weeks. In addition, Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of Achilles bursitis or tendonitis not to exceed 9 visits over 5 weeks. Official Disability Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of Achilles tendonitis, lumbar radiculopathy, and lumbar sprain/strain. However, given that the request is for physical therapy of the lumbar spine and left ankle, twice weekly for six weeks, the proposed number of visits exceeds guidelines for an initial six-visit clinical trial. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the lumbar spine and left ankle, twice weekly for six weeks is not medically necessary.