MAXIMUS Federal Services

Case Number:	CM14-0201579		
Date Assigned:	12/11/2014	Date of Injury:	04/03/2012
Decision Date:	02/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, 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 41 year old female with a work injury dated 04/03/2012. The mechanism of injury is not documented. Progress note dated 06/26/2014 is the only progress note available in the submitted records. The following is documented in the progress note: The injured worker had nine sessions of physical therapy since 06/02/2014 with three more sessions pending. On 06/04/2014 foot specialist requested a CT scan of the left foot in consideration for removal of hardware. CT report is not in the submitted medical records. Since the lumbar spine injection on 11/20/2013 and facet injection on 02/19/2014 the injured worker had no pain in her left hip but continued to have left thigh pain. Diagnosis included: - Left foot, history of ligament damage, status post left ankle and left foot surgery - Rule out stress, anxiety, depression, insomnia and bruxism - Urinary incontinence, improved. On 10/21/2014 the provider requested physical therapy 3 times a week for 4 weeks to right foot and right ankle, acupuncture 2 times a week for 6 weeks to right ankle and right foot and x-ray of right foot and right ankle. On 10/28/2014 utilization review issued a decision denying the request for physical therapy stating: "Physical therapy is not substantiated at this time, as the claimant has not yet undergone the certified surgical intervention for removal of hardware and post-operative physical therapy." Guidelines cited were CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guidelines. The request for right foot and right ankle were denied also listing the following rationale: "As the claimant has already been certified for removal of hardware and the surgery has not yet been undertaken, the necessity of an x-ray of the right foot and ankle is not clearly established at this stage of care." Guidelines cited were CA MTUS Ankle and Foot Complaints, ACOEM Practice Guidelines 2nd edition 2004 Chapter 14 and Official Disability Guidelines, Ankle and Foot updated 07/29/2014. Regarding the denial of the request for acupuncture the following rationale was given: "It is felt that the claimant should first complete the pre-certified physical therapy following the planned

surgical procedure prior to considering the necessity of acupuncture to assess the efficacy of physical therapy and determine if acupuncture is still necessary." Guidelines cited were CA MTUS 9792.21.1 Acupuncture Medical Treatment Guidelines. The request was appealed to Independent Medical Review. The medication list includes Ativan and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

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

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient was certified for 12 PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 3x4 is not fully established for this patient.

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. The patient has received 9 PT visits for this injury. Patient has been authorized to undergo 12 physical therapy sessions. Response to any prior rehabilitation therapy including

PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity, of Acupuncture 2x6 is not fully established.

X-ray of the right foot and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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): 367. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (updated 12/22/14) Radiography.

Decision rationale: As per cited guideline "X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation" Any evidence of fractures was not specified in the records provided. A detailed physical examination of the right foot and ankle was not specified in the records provided The claimant has already been certified for removal of hardware and the surgery has not yet been undertaken, the necessity of an x-ray of the right foot and ankle is not clearly established at this stage of care. The patient has received 9 PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for X-ray of the right foot and right ankle is not fully established in this patient.