MAXIMUS Federal Services

Case Number:	CM14-0210630		
Date Assigned:	12/23/2014	Date of Injury:	08/01/2001
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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 & Rehabn

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 70-year-old female with date of injury of 08/01/2001. The listed diagnoses from 11/12/2014 are: 1. Left foot neuroma. 2. Lumbar spine HNP. According to this report, the patient reports no change in symptoms. She still has radicular symptoms to the left foot with numbness and tingling. The patient also reports lumbar spine weakness. Examination shows positive dorsiflexion weakness and tenderness on the left foot. Straight leg raise is positive on left. The rest of the handwritten report was difficult to decipher. The treatment reports from 03/11/2013 to 11/12/2014 were provided for review. The utilization review denied the request on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left foot 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left foot and lumbar spine pain. The treater is requesting PHYSICAL THERAPY 2 TIMES 6 FOR THE LUMBAR. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show that the patient has received any physical therapy recently. No physical therapy reports were made available. While a short course of therapy may be appropriate given the patient's chronic symptoms, the requested 12 sessions exceeds MTUS Guidelines. The request IS NOT medically necessary.

Physical therapy 2 x 6 for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left foot and lumbar spine pain. The treater is requesting PHYSICAL THERAPY FOR THE LEFT FOOT 2 TIMES 6. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. It does not appear that the patient has had any recent physical therapy sessions for the left foot. While a short course is appropriate, the requested 12 sessions exceed the recommended 8 to 10 sessions per the MTUS Guidelines. The request IS NOT medically necessary.