

Case Number:	CM15-0001629		
Date Assigned:	01/12/2015	Date of Injury:	07/21/2005
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania, Ohio, 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 mechanism of injury in this case is a fall of 7/21/05. Treating diagnoses include lumbar HNP, right foot DJD, and pes planus. The patient was previously treated with ORIF for a right metatarsal fracture and subsequently has been treated for ongoing pain in the right foot and low back. As of 11/21/14 the patient reported low back pain worse with ambulation; physical exam findings were notable for lumbar spasms.

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 right foot, 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: This is a chronic condition in which MTUS anticipates the patient would have previously transitioned to an independent active home rehabilitation program. While periodic review/revision of a home exercise program may be indicated, the records and

guidelines do not provide a rationale for extensive treatment at this time with 12 PT visits for that purpose. The request for 2 PT visits is not supported by the treatment guidelines and records at this time. This request is not medically necessary.