MAXIMUS Federal Services

Case Number:	CM15-0006104		
Date Assigned:	01/22/2015	Date of Injury:	10/30/2001
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 44 year old female who sustained an industrial injury on 10/30/2001. Diagnoses include left ankle strain, status post injury and surgery with residual, lumbar pain with left S1 radiculopathy and hypesthesia with intermittent symptoms, left knee pain, right hip/knee/ankle/leg muscle aching and pain. Treatment has included medications, home exercise program, cortisone injections, ankle brace, and physical therapy. A physician progress report dated 11/24/2014 documents the injured worker continues to have pain that she describes as 6-7/10 in recent weeks of the left ankle and foot. She has low back pain which radiated to the left lateral foot and ankle with numbness of the fourth and fifth toes on the left, intermittent left knee pain, and right hip and right lower extremity pain. The injured worker also complains of coldness of her feet, especially the left foot. The treating provider is requesting a follow-up visit and Physical Therapy for lumbar spine.On 12/16/2014 the Utilization Review partially certified the follow up visit x 1, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM). The Utilization Review dated 12/16/2014 non-certified the request for Physical Therapy for lumbar spine, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The patient, a 44-year-old female with an injury date of 10/30/01 presents with left ankle and foot pain, rated 6-7/10, with swelling and low back pain that radiates to the left lateral foot and ankle with numbness of the fourth and fifth toes on the left. The request is for FOLLOW-UP VISIT. The RFA is not included. The patient is to return to modified duty. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. For follow ups, the ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone.In this case, the patient presents with persistent pain and objective evidence of ankle pathology. As such, a follow up evaluation is supported by the guidelines. Therefore, the request IS medically necessary.

Physical Therapy for lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute and Chronic)

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

Decision rationale: The patient, a 44-year-old female with an injury date of 10/30/01 presents with left ankle and foot pain, rated 6-7/10, with swelling and low back pain that radiates to the left lateral foot and ankle with numbness of the fourth and fifth toes on the left. The request is for PHYSICAL THERAPY FOR LUMBAR SPINE. The RFA is not included. The patient is to return to modified duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended."Treater is requesting lumbar physical therapy; however, does not address the quantity or duration. There are no discussions or documentations as to whether or not the patient has received prior PT treatments or functional outcomes. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.