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| Case Number: | CM15-0105972 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 12/24/2014 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on December 24, 2014. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of persistent low back pain which he rates a 3 on a 10-point scale. He describes the pain as frequent and notes that it is the same as the previous evaluation. He reports pain in his right ankle and rates this pain as a 4-8 on a 10-point scale. The injured worker felt that his ankle pain is related to his becoming more physically activity and this activity have re-aggravated the ankle. His pain is relieved with rest and medication. He reports that physical therapy is helping with his lumbar spine pain and his range of motion. His low back pain is made worse with the weather changes and activities. The documentation provided indicated that the injured worker attended twelve sessions of physical therapy since March 9, 2015 through May 4, 2015. The diagnoses associated with the request include lumbar disc bulges, lumbar strain, right ankle sprain, status post left knee patella repair. The treatment plan includes additional physical therapy to the lumbar spine and for the right ankle, continuation of Meloxicam, Kera-Tek and right ankle support cloth with open heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional PT Visits for Right Ankle and Lumbar Spine: 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Ankle section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 additional physical therapy sessions to the right ankle and lumbar spine are not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis or lumbar disc bulges; lumbar strain; right ankle sprain, improved. Subjectively, according to a progress note dated April 3, 2015 the injured worker completed four out of six physical therapy sessions. A physical therapy progress note lists 12 completed physical therapy visits. The utilization review indicates the injured worker receives 24 physical therapy sessions. According to an April 3, 2015 progress note, the injured worker has low back pain 3/10. The injured worker has right ankle pain 4-8/10. Subjectively, the documentation states the injured worker is more active, working, running on the job, jumping, and attempting to play soccer and jog. He claims he has aggravated it. After 24 physical therapy sessions, the injured worker should be well versed in the exercises to engage in a home exercise program. Moreover, there are no compelling clinical facts documented in the medical record to support ongoing physical therapy in excess of the recommended guidelines for the low back and right ankle. Consequently, absent compelling clinical documentation to support additional physical therapy over the recommended guidelines, 12 additional physical therapy sessions to the right ankle and lumbar spine are not medically necessary.