

Case Number:	CM15-0134358		
Date Assigned:	07/24/2015	Date of Injury:	02/08/2010
Decision Date:	08/20/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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, Pain Management

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 52 year old female, who sustained an industrial injury on 2/8/10. She has reported initial complaints of low back pain, leg pain, left knee and left ankle pain after a fall stepping down from a shuttle van. The diagnoses have included chronic pain, pain in the joint of the lower leg and pain in the joint of the ankle and foot. Treatment to date has included medications, ice, heat, activity modifications, diagnostics, physical therapy, cane and other modalities. Currently, as per the physician progress note dated 6/11/15, the injured worker complains of low back pain, leg pain that radiates from the back, left knee pain and left ankle pain. It is noted that physical therapy has benefitted her and her ability to walk was improved. She reports severe fatigue, neck pain, balance problems, anxiety and depression. The objective findings reveal that she is morbidly obese, she has antalgic gait, there is mild edema to the left ankle, tenderness over the left ankle, she has difficulty walking and she uses a cane. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee, Magnetic Resonance Imaging (MRI) of the left foot and electromyography (EMG)/nerve conduction velocity studies (NCV) of the lower extremities. The current medications were included in the notes. The previous therapy sessions were not noted. Work status was permanent and stationary. The physician requested treatments included Physical therapy x12 to the left ankle/foot and Additional Physical Therapy x 6 to the Lumbar Spine. Notes indicate that she has been approved for 12 sessions of therapy in March 2015. A progress report dated June 2015 shows normal physical examination findings. The patient reportedly saw a podiatrist, but the

report was unavailable for review. Notes indicate that the patient has previously completed a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 left ankle/foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation, it is unclear if the patient has previously undergone physical therapy for the ankle. It seems likely that the patient has, as the patient has previously undergone a functional restoration program. If the patient has not undergone therapy, the currently requested 12-visit exceeds the 6-visit recommended as a trial by guidelines. If the patient has previously undergone therapy, there is no documentation of objective functional improvement from the previous therapy as well as ongoing objective treatment goals. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.

Additional Physical Therapy x 6 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional

improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.