

Case Number:	CM15-0161000		
Date Assigned:	08/27/2015	Date of Injury:	03/30/2005
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 69 year old female, who sustained an industrial injury on March 30, 2005. The injured worker was diagnosed as having pain in right limb. Treatment to date has included physical therapy and medication. A progress note dated July 8, 2015 provides the injured worker complains of right foot pain that interferes with sleep. She reports finishing physical therapy and requests additional therapy. Physical exam notes tenderness to palpation of the ankle and foot with decreased range of motion (ROM). The plan includes medication, additional physical therapy and electromyogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x per week for 4 weeks for the right ankle and lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot. Physical therapy.

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

Decision rationale: The current request is for Physical therapy 2x per week for 4 weeks for the right ankle and lower leg. Treatment to date has included orthotics, activity modification, physical therapy and medication. The MTUS Chronic Pain Management Guidelines, physical medicine, 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 are recommended." Per report July 8, 2015 the patient presents with of right ankle and foot pain that interferes with sleep. She reports finishing physical therapy and is requesting additional therapy as they were "very helpful." Physical examination notes some swelling, and tenderness to palpation of the ankle and foot with decreased range of motion (ROM). The patient has participated in 6 recent PT sessions between 06/18/15 and 07/07/15. Physical therapy progress report from 07/07/15 notes, patient is "mildly improving." In this case, the requested additional 8 sessions plus the 6 recently received, exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.