

Case Number:	CM15-0167011		
Date Assigned:	09/04/2015	Date of Injury:	08/21/2014
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

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 58 year old female, who sustained an industrial injury on 8-21-14. The injured worker was diagnosed as having lumbar sprain; contusion of the lower leg; ankle sprain-strain; pes Anserinus tendinitis; periostitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI of left tibia fibula (3-9-15); MRI of left ankle (4-8-15); MRI of left calf (4-8-15). Currently, the PR-2 notes dated 7-31-15 are hand written as so are many of the other PR-2 notes submitted. The notes are difficult to decipher. This note indicated the injured worker complains of left leg pain rated 6 out of 10 described as stabbing pain. The provider documents the "injection helped". Objective findings note tenderness at left proximal tibia with swelling. The treatment plan is for physical therapy for the left leg. A MRI of the left tibia-Fibula dated 3-9-15 reveals an unremarkable MRI of the tibia and fibula. A MRI of the left ankle dated 4-8-15 reveals an impression of: 1) posterior tibial tendon: Tenosynovitis 2) Retromalleolar groove: Concave 3) Anterior inferior tibiofibular (syndesmosis): Tear 4) Achilles tendon: Tendinosis 5) Plantar and Achilles tendon calcaneal heel spur 6) Fluid in the retrocalcaneal bursa, anterior ankle recess and posterior to the subtalar joint. A MRI of the left calf dated 4-8-15 reveals: 1) Dilated and tortuous vessels within the substance of the muscles in the posterior compartment which may reflect varicose veins. A PR-2 note dated 6-8-15 in the form of a "Doctor's First Report of Occupational Injury or Illness". The injured worker reports depression, sleep disturbance, hopelessness, irritability, memory changes, poor concentration, mood changes, worry, nervousness, appetite change, headaches, hypertension, stomach problems, left ankle pain, left leg pain, left knee pain, left shoulder pain and low back pain. She was diagnosed on this visit with "pain disorder associated with both psychological factors and general medical condition." The treatment plan included cognitive behavioral

psychotherapy and psychotropic medication. A Request for Authorization is dated 8-17-15. A Utilization Review letter is dated 8-7-15 and non-certification was for Physical therapy for the left lower leg, 6 visits. Utilization Review non-certified the requested treatment for not meeting the CA MTUS. The provider is requesting authorization of Physical therapy for the left lower leg, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left lower leg, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for left leg pain following a crush injury. In February 2015 physical therapy was causing more pain as of 03/11/15 there had been completion of 11 treatment sessions. When seen, pain was rated at 6/10. There had been improvement after a pes anserine bursa injection. There was proximal tibial tenderness with swelling. Physical therapy was requested. Medications were continued. The claimant is being treated for chronic pain and has had physical therapy within the past 6 months. After an injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week. In this case, the number of visits requested is in excess of that recommended or what would be expected to be needed to review or re-establish the claimant's home exercise program. It is not considered medically necessary.