

Case Number:	CM15-0190252		
Date Assigned:	10/05/2015	Date of Injury:	03/23/2015
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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 59 year old female, who sustained an industrial injury on 3-23-2015. The injured worker is being treated for medial meniscus tear left knee, underlying plantar fibromatosis, sprain wrists and lumbar strain. Treatment to date has included physical therapy for the right foot (9 sessions authorized), boot, orthotics, activity modifications, medications, modified work, diagnostics and podiatrist treatment. Per the Initial Orthopedic Evaluation dated 7-29-2015, the injured worker reported pain in the plantar aspect of the right foot affecting her gait as well as some pain in the dorsum of the right foot as well as the right ankle. She also reported some pain in the region of the lower back on the left side, bilateral wrist pain and an ache in the neck. Objective findings included tenderness in the bilateral hands-wrists. There was soreness and tenderness of the left knee with no instability or crepitation. There is no documented examination of the lumbar spine on this date. On 4-13-2015 physical therapy (3x3) was requested. Per the medical records dated 5-14-2015 she has completed 6 out of 9 sessions of physical therapy for the right foot, however she still feels pain with increased walking at work. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. On 7-24-2015 6 sessions of physical therapy were requested for the right foot and ankle. Work status was modified. The plan of care included diagnostics and physical therapy and authorization was requested on 9-09-2015 for physical therapy (2x4) for the left knee, bilateral wrists and lumbar spine. On 9-1-2015, Utilization Review modified the request for 8 sessions of physical therapy (2x4) for the left knee, bilateral wrists and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to left knee, right foot, bilateral wrists, and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 59 year old patient presents with lumbar spine strain, underlying plantar fibromatosis, wrists sprain, and left knee medial meniscal tear, as per progress report dated 09/10/15. The request is for Physical therapy 2 times a week for 4 weeks to left knee, right foot, bilateral wrists, and lumbar spine. The RFA for this case is dated 09/11/15, and the patient's date of injury is 03/23/15. Diagnoses, as per progress report dated 09/03/15, included status post fall with sprain of the right foot/ankle, and tenosynovitis of right foot/ankle. As per progress report dated 08/05/15, the patient's diagnoses included wrist sprain/strain, pain in lower leg joint, lumbago and pain in pelvis/thigh joint. The patient is temporarily partially disabled, as per progress report dated 09/10/15. MTUS Chronic Pain Management Guidelines 2009, 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." In this case, some progress reports are handwritten and difficult to decipher. The request for physical therapy is noted in progress report dated 09/10/15. In progress report dated 07/24/15, the treater states that physical therapy to right foot/ankle will help increase "ROM/strength/function." The treater also recommends the patient to continue home exercises. In progress report dated 05/14/15, the treater states that the patient has "improved on PT" and has completed six out of the nine sessions. The Utilization Review denial letter states that the patient was authorized to receive 15 sessions of physical therapy for the right foot and 9 sessions of physical therapy for bilateral wrists. It is not clear if the patient has received physical therapy for lumbar spine and left knee or not. The progress reports do not document objective functional improvement from prior therapy. Additionally, it appears that patient is doing some home exercises. The reports do not indicate why the patient cannot continue to benefit from them instead of attending additional physical therapy. Furthermore, MTUS only allows for 8-10 sessions of PT in non-operative cases, and the treater's request for 8 additional sessions exceeds that limit. Hence, the request is not medically necessary.