

Case Number:	CM15-0199675		
Date Assigned:	10/14/2015	Date of Injury:	12/08/2014
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/12/2015

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 63 year old female who sustained an industrial injury on 12-8-14. A review of the medical records indicates she is undergoing treatment for lumbar radiculopathy, lumbar sprain and strain, and status post left ankle surgery. Medical records (3-21-15 to 8-19-15) indicate ongoing complaints of low back pain and left ankle pain. She rates her low back pain "5 out of 10" and indicates that the pain radiates to both legs with tingling. She rates her left ankle pain "5 out of 10" (8-19-15). The physical exam (8-19-15) reveals "4 out of 5" motor strength in both hamstring muscles. Range of motion is noted to be "decreased" and "painful" in the lumbar spine. Tenderness to palpation is noted of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, and sacrum. Muscle spasms are noted in the lumbar paravertebral muscles. The straight leg raise test is positive bilaterally. Kemp's test is positive. Lasegue's causes pain bilaterally at 60 degrees. The left ankle range of motion is noted to be "decreased and painful". Tenderness to palpation is noted of the anterior ankle, anterior talofibular ligament, dorsal ankle, and lateral ankle. Muscle spasm is noted of the calf. The anterior drawer test causes pain. An activity of daily living analysis was conducted on 5-7-15. The injured worker was found to have difficulty with bathing, standing, sitting, climbing stairs, grasping, and lifting. The report states that "50% of activities of daily living have been compromised". Diagnostic studies have included x-rays of the lumbar spine and left ankle, CT scans of the lumbar spine and left ankle, and an EMG-NCV study. Treatment has included oral medications and topical creams, and at least 11 sessions of physical therapy. Additional physical therapy was requested on 6-17-15, 7-16-15, and 8-19-15. It is unclear if these requests were authorized. Additional treatment

recommendations and requests included acupuncture and an interferential unit. The records do not indicate if these were authorized. The utilization review (9-8-15) includes a request for authorization of outpatient rehabilitation physical therapy to the left ankle once a week for six weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient rehabilitation physical therapy to the left ankle once a week over 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

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

Decision rationale: The 63 year old patient complains of low back pain, left knee pain, and left ankle pain, rated at 2/10, as per progress report dated 09/02/15. The request is for Outpatient rehabilitation physical therapy to the left ankle once a week over 6 weeks. There is no RFA for this case, and the patient's date of injury is 12/08/14. The patient is status post left ankle ORIF surgery on 12/09/14, as per progress report dated 08/19/15. Diagnoses, as per progress report dated 09/02/15, included lumbar sprain/strain, left knee sprain/strain, and left ankle injury. Medications included Voltaren, Protonix and topical compounded creams. The patient is off work, as per progress report dated 08/19/15. 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, the request for rehabilitation physical therapy "to decrease pain/spasm, and increase ROM and ADL's" is noted in progress report dated 08/19/15. Requests for six sessions of rehabilitation physical therapy were noted in progress reports dated 07/16/15 and 06/17/15 as well. In progress report dated 06/19/15, the treater emphasizes on the "importance of stretching and range of motion exercises." While the progress reports do not document the number of physical therapy sessions completed until now, the Utilization Review denial letter indicates that the patient has completed 18 sessions. There is no documentation of efficacy of prior therapy in the progress reports. The treater does not explain why the patient has not transitioned to a home exercise regimen. Additionally, the patient is not within the post-surgical time frame and MTUS only allows for 8-10 sessions in non-operative cases. Hence, the request is not medically necessary.