

Case Number:	CM15-0203836		
Date Assigned:	10/20/2015	Date of Injury:	06/05/2013
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 28 year old male who sustained an industrial injury on 6-5-13. A review of the medical records indicates he is undergoing treatment for tension headaches, thoracic pain, thoracic sprain and strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain and strain, right carpal tunnel syndrome, right de Quervain's disease, right wrist sprain and strain, right knee pain, right knee sprain and strain, rule out right meniscus tear, right ankle pain, right ankle sprain and strain, rule out right ankle internal derangement, anxiety, depression, and irritability. Medical records (9-17-15) indicate complaints of "mild" dull, achy headache, intermittent "severe" pain in the upper and mid back that radiates up the back, rating "8 out of 10", "severe" right shoulder pain with stiffness that radiates to the neck, rating "9 out of 10", "severe" right wrist pain that radiates to the elbow and fingers, rating "8 out of 10", "severe" right knee pain that radiates to the right ankle, rating "9 out of 10", and "severe" right ankle pain that radiates to the toes with cramping and muscle spasms. The physical exam reveals diminished range of motion of the thoracic spine with tenderness to palpation of the paravertebral muscles. Muscle spasm of the thoracic paravertebral muscles is noted. Kemp's test causes pain bilaterally. Decreased range of motion and strength is noted in the right shoulder. Tenderness to palpation is noted of the acromioclavicular joint, anterior shoulder, lateral and posterior shoulder. Supraspinatus press is positive. Decreased sensation is noted in the right wrist with tenderness to palpation of the lateral wrist and volar wrist. The right knee is noted to have "4 out of 5" motor strength. Range of motion is decreased and painful. Tenderness to palpation is noted of the anterior, lateral, medial and posterior knee. McMurray's sign is

positive. Swelling is noted in the right ankle. Tenderness to palpation is noted of the anterior ankle, anterior talofibular ligament and lateral ankle. Inversion test is positive. Range of motion is decreased and painful. Diagnostic studies have included MRIs of the right wrist, shoulder, ankle, and thoracic spine. An EMG-NCV study was completed of bilateral upper extremities. Treatment has included chiropractic treatments, shockwave treatments, at least 18 sessions of physical therapy, and medications. The treatment recommendation includes physical therapy twice a week for three weeks. The utilization review (10-1-15) includes a request for authorization of 8 sessions of physical therapy for the right ankle and foot. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions right ankle/foot: Upheld

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

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

Decision rationale: Physical therapy 8 sessions right ankle/foot is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT for this condition but it is not clear on the exact amount or the outcome or why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.