

Case Number:	CM15-0204392		
Date Assigned:	10/21/2015	Date of Injury:	12/22/1986
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 12-22-1986. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee degenerative joint disease, left Achilles tendon pain, and a femur fracture. Medical records (05-04-2015 to 09-30-2015) indicate ongoing chronic heel pain and left lower extremity pain. Pain levels were rated 2-10 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW was permanent and stationary; however, the IW's ability to work was not specified. The physical exam, dated 09-30-2015, revealed a tender nodule in the left foot. Relevant treatments have included: left femur repair surgery, right knee replacement, cortisone injections to the right knee, work restrictions, and pain medications. The treatment plan was to include 8 sessions of physical therapy (PT) for stretching and strengthening of the calf musculature. The request for authorization (09-30-2015) shows that the following treatment was requested: 8 sessions of PT for the left lower extremity. The original utilization review (10-12-2015) non-certified the request for 8 sessions of PT for the left lower extremity.

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 for the left lower extremity, quantity 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 98 of 127. In this case, the claimant was injured now 29 years ago. There are degenerative conditions at present. There was a femur fracture. The claimant is post left femur repair, right knee replacement, steroid injection to the right knee, work restrictions and pain medicine. There is pain at present. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." This request for more skilled, monitored therapy was not medically necessary and appropriately non-certified.