MAXIMUS Federal Services

Case Number:	CM15-0205234		
Date Assigned:	10/22/2015	Date of Injury:	06/12/2015
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for low back and ankle pain reportedly associated with an industrial injury of June 12, 2015. In a Utilization Review report dated December 17, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the lumbar spine and ankle. The claims administrator referenced an RFA form received on September 2, 2015 in its determination. The claims administrator contended that it did not receive associated progress reports which might augment the same. On August 12, 2015, the applicant reported ongoing complaints of low back, knee, ankle, and arm pain. The applicant was asked to pursue physical therapy. MRI imaging of the ankle was sought. The note was very difficult to follow and not altogether legible. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working with limitations in place. On September 24, 2015, the applicant was asked to continue current medications. The applicant was given limitations of "semi-sedentary work." Once again, it was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Multifocal complaints of ankle, knee, low back, wrist, elbow, and hand pain were noted. Steroid injection therapy involving the wrist, arm, and elbow was suggested. The attending provider reiterated his request for physical therapy and ankle MRI imaging. On July 16, 2015, the applicant was asked to pursue 12 sessions of physical therapy for the low back and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine and right ankle 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for 12 sessions of physical therapy of the low back and ankle was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on multiple office visits, referenced above, including an office visit of August 12, 2015. The fact that work restrictions were renewed, seemingly unchanged from visit to visit, that the applicant remained dependent on topical compounded medications and opioid agents such as Ultracet, and the fact that MRI imaging of the ankle was sought, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of physical therapy through the date of the request. Therefore, the request for additional physical therapy was not medically necessary.