

Case Number:	CM15-0205316		
Date Assigned:	10/23/2015	Date of Injury:	11/25/2011
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female patient, who sustained an industrial injury on November 25, 2011. She reported pain and swelling in the left foot. The diagnoses include plantar fascial fibromatosis, chronic pain syndrome, lumbago and migraine unspecified. Per the doctor's note dated August 13, 2015, she had complaints of pain in the right foot, lower back, right lower leg and right shoulder. The pain was rated as a 7 on a 0-10 pain scale. Numbness and tingling in the left leg was noted to be worsening. Physical examination of the left foot revealed tenderness to palpation. Sensory deficit was positive. Left ankle range of motion included dorsiflexion 10 degrees, plantar flexion 20 degrees, inversion 15 degrees and eversion 10 degrees. Notes stated that the left leg gives out causing her to fall. The medications list includes tramadol, diclofenac, omeprazole, gabapentin, lidoderm patch, fluoxetine and zolpidem. The patient was prescribed cymbalta and topical compound creams. Treatment to date has included medication, podiatry and psychiatric care. Per the UR dated 9/30/15, the patient had 3 weeks of physical therapy and physical therapy had worsened her pain. Details regarding previous physical therapy visits were not specified in the records provided. The treatment plan included left lower extremity physical therapy to increase range of motion, increase flexibility and for desensitization. On October 1, 2015, utilization review denied a request for physical therapy for balance for the left lower extremity at two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for balance 2 x 6 for the left lower extremity: 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 for balance 2 x 6 for the left lower extremity. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided the patient had 3 weeks of physical therapy and physical therapy had worsened her pain. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Details regarding previous physical therapy visits were not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy for balance 2 x 6 for the left lower extremity is not necessary for this patient at this time.