

Case Number:	CM15-0021702		
Date Assigned:	02/11/2015	Date of Injury:	02/09/2004
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Massachusetts

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

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 51 year old male, who sustained an industrial injury on February 9, 2004. The injured worker had reported a low back injury. The diagnoses have included lumbosacral disc injury of multilevel, myofascial pain syndrome, lumbosacral sprain/strain, lumbosacral radiculopathy and depression. Treatment to date has included medication management, lumbar epidural steroid injection, a home exercise program, traction unit and a transcutaneous electrical nerve stimulation unit. Current documentation dated January 19, 2015 notes that the injured worker had ongoing low back pain with intermittent radiation to the lower extremities. Physical examination of the lumbar spine revealed tenderness to palpation and a painful and decreased range of motion. Straight leg raise was negative bilaterally. The injured worker was noted to have a lot of pain in the low back and right foot. He was also noted to have weakness and foot drop. On January 28, 2015 Utilization Review non-certified a request for physical therapy weekly for four weeks for fitting of a right ankle and foot orthoses. The MTUS, ACOEM Guidelines, were cited. On February 5, 2015, the injured worker submitted an application for IMR for review physical therapy weekly for four weeks for fitting of a right ankle and foot orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the fitting of right ankle and foot orthosis, once weekly for four weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

Decision rationale: The claimant is more than one year status post work-related injury and has findings of right lower extremity radiculopathy with weakness and foot drop. Four sessions of physical therapy is being requested for the fitting and training in the use of an ankle foot orthosis. In terms of physical therapy treatment for this condition, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guidelines recommendations and with the number of sessions that would be expected to achieve the stated treatment goals. It was therefore medically necessary.