

Case Number:	CM15-0223178		
Date Assigned:	11/19/2015	Date of Injury:	09/19/2012
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 62 year old female, who sustained an industrial injury on 09-19-2012. A review of the medical records indicates that the worker is undergoing treatment for discogenic syndrome-lumbar, history of neurogenic bladder with chronic urinary retention, bilateral lower extremity radiculopathy, lumbar spinal stenosis at L3-L4 and L4-L5 with post-operative cauda equina syndrome, pressure ulcer of the right heel and sacroiliac region sprain and strain. Treatment has included pain medication, physical therapy and surgery. Subjective complaints (07-14-2015 and 10-15-2015) included low back pain and improving right heel and objective findings revealed pressure sore of the right heel. The treatment plan included home care for the right heel, physical therapy and medication refills. The most recent progress notes contain minimal subjective and objective findings. The number of previous physical therapy sessions received is unclear. A review of medical records during a 04-29-2015 qualified medical re-evaluation report notes that physical therapy helped a lot with pain in the low back and legs in 2014 but the specific improvements noted with therapy were not documented. A utilization review dated 10-22-2015 non-certified requests for physical therapy, lumbosacral, 2 times weekly for 6 weeks, 12 sessions, outpatient and elastic ankle support, Qty 1, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbosacral, 2 times weekly for 6 weeks, 12 sessions, outpatient: 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 24 physical therapy sessions and should be able to transition to a home-based, self-directed exercise program. Additionally, this request for 12 physical therapy sessions exceeds the recommendations of the guidelines. The request for physical therapy, lumbosacral, 2 times weekly for 6 weeks, 12 sessions, outpatient is not medically necessary.

Elastic ankle support, Qty 1, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Elastic bandage.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter/Elastic Bandage (immobilization) Section.

Decision rationale: Per the MTUS Guidelines for acute ankle injuries, immobilization and weight bearing as tolerated, and taping or bracing to avoid exacerbation or for prevention is recommended. Per the ODG, elastic ankle supports are currently under study. For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. As this method of ankle support is currently under study and the guidelines support a more rigid ankle support, this request is not supported. The request for elastic ankle support, Qty 1, purchase is not medically necessary.