

Case Number:	CM15-0030153		
Date Assigned:	02/23/2015	Date of Injury:	03/22/2012
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: Georgia, California, Texas

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 51-year-old female, who sustained an industrial injury on 3/22/2012. She has reported a fall down the stairs with injury to right foot, lower back and neck. She subsequently underwent Open Reduction and Internal Fixation (ORIF) of the right foot. The diagnoses have included cervical strain with radiculitis, lumbar strain with radiculitis, right shoulder impingement syndrome, and status post Open Reduction and Internal Fixation (ORIF) of the right foot x 2. Treatment to date has included medication, physical therapy, and chiropractic therapy, medial branch block, facet epidural injection, and rhizotomy. Currently, the IW complains of pain and tingling over right foot with difficulty ambulating. The physical examination from 10/1/14 documented normal Range of Motion (ROM) with normal pulses noted. The diagnoses included status post right midfoot fusion with persistent non-union and right foot neuroma. The plan of care included requesting a bone stimulator, medication therapy, and repeat radiographs of right foot. On 2/9/2015, Utilization Review non-certified six (6) physical therapy sessions one a week for six weeks, for low back and neck, noting the documentation did not include prior functional improvement or the medical necessity above a home exercise program. The MTUS Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of six (6) physical therapy sessions one a week for six weeks, for low back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and low back 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Per the previous decision, the injured worker had completed 8 physical therapy sessions from October through December of 2014. MTUS recommends up to 10 PT sessions for this condition. No rationale is documented as to why the injured worker cannot be transitioned to a self-directed home exercise program at this point in care. No exceptional factors are documented which would support an amount of skilled therapy exceeding the guideline. Medical necessity is not established for the requested 6 additional therapy sessions for the neck and low back.