

Case Number:	CM15-0033559		
Date Assigned:	02/27/2015	Date of Injury:	02/02/2008
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 31 year old female who sustained a work related injury on February 2, 2008, while working as a store clerk, lost her balance and fell, incurring back, knees and feet injuries. Treatments included physical therapy, whirlpool therapy, elastic foot support, diagnostic imaging, injections, and chiropractic treatment for lumbar pain, anti-inflammatory drugs and pain medications. She was diagnosed with bilateral ankle sprain, right ankle synovitis, left talar fracture and ligament sprain. Currently, in January 2015, the injured worker complained of ongoing ankle and feet pain. Per the doctor's note dated 1/26/15 patient had complaints of low back pain 6/10 and bilateral knee and ankle pain at 8/10. Physical examination revealed equivocal SLR, and 30 degree lumbar flexion. The patient has had X-ray of the ankle and knee that revealed no fracture. The medication list includes omeprazole, Naproxen and Ibuprofen. The patient had received injection therapy for this injury. Patient has received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3x2, lumbar spine and bilateral knees/feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physiotherapy 3x2, lumbar spine and bilateral knees/feet. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "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 the request for Physiotherapy 3x2, lumbar spine and bilateral knees/feet is not fully established for this patient.