

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0041880 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 04/06/2007 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/05/2015 |

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: 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 61-year-old female who sustained a work related injury April 6, 2007. Past history included cervical cancer, hypertension, irritable bowel syndrome, high cholesterol, arthritis, depression, s/p C5-6 anterior discectomy and fusion September, 1994, s/p posterolateral interbody fusion L2-3, L3-4, L4-5, L4-S1; posterior spinal instrumentation with segmental fixation L2-S1; interbody cage placement at L2-3,L3-4, L4-5, L5-S1; laminectomy, bilateral L5-S1, bilateral L4-5, bilateral L3-4, and left L2-3 January 8, 2014, and s/p revision instrumentation of the posterior spinal instrumentation with instrumentation from L2-S1 and revision laminectomy, left, L2-S1 January 16, 2014. According to a primary treating physician's progress report dated February 11, 2015, the injured worker presented with constant low back pain with occasional numbness of the entire upper extremities bilaterally, pain and numbness throughout the entire left lower extremity and improving left foot drop. Physical examination reveals she can walk on her toes but not her heels, her gait is antalgic and the left toes are dropped. She wears a hard plastic brace covering most of her torso which she is able to remove. There is reduced range of motion in the neck, and range of motion not checked in the back but no tenderness noted, weakness of the left extensor hallucis longus, left toe flexors and the left knee to flexion and extension with patch hypoesthesia over the left foot. Diagnoses included myoligamentous strain of the thoracic spine; myoligamentous strain of the lumbar spine with radicular symptoms to the left lower extremity and psych diagnoses per physician. Treatment plan included awaiting authorization for pain counseling, report form orthopedic evaluation, report regarding physical

therapy and brace for left foot and to continue with surgical care under physician awaiting his report.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient has previously attended physical therapy, but there was no documentation of functional improvement. 6 physical therapy sessions for the left foot is not medically necessary.