

Case Number:	CM15-0046562		
Date Assigned:	04/22/2015	Date of Injury:	05/13/2014
Decision Date:	05/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 48-year-old male who sustained an industrial injury on 5/13/2014. His diagnoses, and/or impressions, included: bilateral calcaneus fractures, closed, and status-post open reduction internal fixation surgery; mild lumbar degenerative disc disease; foot pain; and pain in limb. No magnetic resonance imaging studies are noted. Recent x-rays and computed tomography studies of the bilateral feet, and/or ankles were noted to have been done on 5/13/2014. X-rays of the lumbosacral spine were also noted to have been done on 5/13/2014. Electromyogram and nerve conduction studies were stated to have been done on 1/19/2015. His treatments have included hardware replacement surgery - both feet (5/23/14); injection therapy; post-operative physical therapy - effective; and medication management. Progress notes of 2/6/2015 reported bilateral foot pain, increased since last visit, and improved with medication; he also reports poor quality of sleep and decreased activities. The physician's requests for treatments were noted to include physical therapy, transportation to physical therapy, and Nortriptyline Hydrochloride for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-visits): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For calcaneal fracture, the guidelines recommend 12 visits of physical therapy over a 12-week period. In the case of injured worker, the date of injury is 5/2014 and the patient has undergone 12 sessions of physical therapy along with aquatic therapy to date. It appears aquatic therapy is quite helpful in the patient's recovery and the physical therapy has not resulted in significant reduction of pain or improvement in function. At this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore, additional physical therapy as originally requested is not medically necessary.

Transportation to Physical Therapy Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services, California Code of Regulations [CCR], Title 22, Section 51323. Policy on Medical Transportation.

Decision rationale: The California MTUS and ODG do not address this issue. The California Department of Health Care Services cover "ambulance and other medical transportation only when ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care." Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. Furthermore, because the request for additional 12 sessions of physical therapy is not medically necessary, the request for transportation to physical therapy appointments is not medically necessary.