

Case Number:	CM15-0052738		
Date Assigned:	05/21/2015	Date of Injury:	08/21/2014
Decision Date:	06/29/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

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 58 year old female, who sustained an industrial injury on 08/21/2014. She reported that while walking up stairs at work she lost her balance and fell on the hard floor noting immediate pain to the left leg. The injured worker was diagnosed as having lumbar sprain, ankle sprain/strain, and contusion of the lower extremity. Treatment and diagnostic studies to date has included use of ice, laboratory studies, twelve sessions of physical therapy to the left lower extremity/ankle, Functional Capacity Evaluation, magnetic resonance imaging of the left tibia/fibula, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the left knee. In a progress note dated 02/18/2015 the treating physician reports complaints of pain to the lumbar spine, left lower extremity, left knee, and left ankle. Examination reveals tenderness to the paralumbar muscles with the left greater than the right, along with tenderness to the left shoulder, left lower extremity below the knee, left knee, and left ankle. The injured worker was also remarkable for decreased range of motion to the left knee with pain along with the injured worker ambulating with an antalgic gait. The injured worker pain level is rated a 7 out of 10. The medical records provided included physical therapy progress notes indicating that the injured worker had completed at least 12 session of physical therapy with the treating physical therapist noting an increase in the injured worker's function, but did not indicate the specific areas of functional improvement. The documentation from 02/18/2015 also noted that the injured worker has more left leg pain with therapy. The treating physician requested physical therapy for the left lower extremity two times six, but the documentation provided did not indicate the specific reason for the requested physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left lower leg 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 100.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014. She had physical therapy in September 2014. When seen, she was having left knee, ankle, and radiating low back pain. Physical examination findings included paraspinal muscle tenderness. There was decreased knee range of motion and an antalgic gait. She had left shoulder, knee, and ankle tenderness. There are 12 physical therapy treatments documented in February and March 2015. The claimant is being treated for chronic pain without new injury. She has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to establish or revise her home exercise program. The request was not medically necessary.